

FILED APR 27 1942
Registration District No. 224

Primary Registration District No. 70

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Eldorado Park Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Creve Coeur Mill Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis
(c) City or town Eldorado Park Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Creve Coeur Mill Road
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME James J Ruddy

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-10-3728

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Ruddy 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May 27 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 20 hr. min.

9. Birthplace Jermyn Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Lithograph operator

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Ruddy
13. Birthplace County Mayo Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Dixon
15. Birthplace County Mayo Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Ruddy
(b) Address Creve Coeur Mo
17. (a) Burial (b) Date thereof Apr 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo
19. (a) APR 18 1942 (b) C. E. Ma
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour _____ minute 10:15 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Myocardial infarct with pulmonary edema.

Due to _____

Other conditions (include pregnancy within 3 months of death) gfa

Major findings: Of operations _____

Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ (a) Means of injury _____

23. Signature Louis A. Popplaw (M. D. or other) _____
Address Kirkwood, Mo. 4/18/42 Date signed _____

1-9-1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed *Al O. Osterman*

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.