

LED SEP 23 1942 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7633

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Park Lane Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.**..... (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4978 Lotus Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**  
year **1942** hour **4** minute **30** P.M.

I hereby certify that I attended the deceased from **10 AM**  
**Sept 11**, 1942, to **Sept 11 4 PM**, 1942  
that I last saw him alive on **Sept 11**, 1942  
and that death occurred on the **11** and hour stated above.

Immediate cause of death: **Carcinoma of Colon**  
Duration: **Don't know**

Due to.....  
Due to.....

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Colon**  
**Producing obstruction**  
Of autopsy: **none made**  
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?

While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature: **J. F. Bralick** (M. D. or other)  
Address: **metropolitan bldg** Date signed: **9/12/42**

3. (a) PRINT FULL NAME **Louise Ruebling**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Julius Ruebling** / 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Aug. 26 1866**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **26** If less than one day hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Unknown** 7

13. Birthplace **Unknown** 7  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 7  
(City, town, or county) (State or foreign country)

16. (a) Informant **Julius Ruebling**

(b) Address **4978 Lotus Ave.**

17. (a) **Interment** (b) Date thereof **9-14-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Masoleum**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **SEP 14 1942** (Date received local registrar) **J. F. Bralick** (Registrar's signature)

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

MOTHER FATHER

*But Certificate  
Blank*

AUG 20 1948  
4-5-8  
10-11-

**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 *Albert R. Thompson Jr.*  
Licensed Embalmer No. *61239*

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.**