. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35849

State File No. 9591

Registration District No. 348 — Primary Registration District No. 1003 — Registrar's No.

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: St. Johns 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 Missouri (b) County 06 18
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4531 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arthur Ruling
3. (b) If veteran, name war
3. (c) Social Security No. 494-03-3514
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecilia
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb. (Month) 28th (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	18	hr. min.

9. Birthplace Posey County, Ind. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Guard
11. Industry or business Small Arms Plant
FATHER
12. Name William Ruling
13. Birthplace Danburg, Conn. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Murphy
15. Birthplace Posey County, Ind. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Celilia Ruling
(b) Address 4531 Laclede Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) NOV 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th year 1942 hour 8:45 minute P M.
21. I hereby certify that I attended the deceased from July 1941, to Nov. 16 1942 that I last saw him alive on Nov. 16 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	one day
Due to Hypertensive Myocarditis	1½ years
Due to Chr. Nephritis	1½ years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury
23. Signature Foster A. Dill (M.D. or other) MD
Address 7346 a Manchester Date signed 11-17-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2971.....

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.