V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30326

Registration District No. 813

Primary Registration District No. 1003

Registrar's No. 8026

**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. Lukes 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 12

(c) City or town St, Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 5535 Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miriam Anna Ruebling.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 31 (Day) 1943 (Year)

8. AGE: Years ---------- Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name O.T.Ruebling.
13. Birthplace Agusta, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Alga Scheible.
15. Birthplace Berger, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant O.T.Ruebling.
(b) Address 7128 Kingsbury,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) SEP 8 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 8th year ~~1938~~ 1943 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 1, 1943, to Sept 7, 1943, that I last saw her alive on Sept 7, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Spina Bifida | since birth |
| Due to Congenital Malformation Hydrocephalus | since birth |
| Due to Congenital Malformation | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

157

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 0

23. Signature Joseph A. Bauer (M. D. or other)
Address 3720 Washington Blvd. Date signed 9/8/43

(Licensed Embalmer's Statement on Reverse Side)

Drs. Lonsway & Bauer.
3720 Washington
Hrs. 1 to 3:30 P.M.
JE-0300

## 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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

**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.**