No. 2
—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35815

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 235 6

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County .....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3213 Kossuth Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ernest Ruegsegger
3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marie Rugsegger
6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased Dec. (Month) 1st. (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	17	..... hr. ..... min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Retired Cabinet Maker
11. Industry or business .....
FATHER 12. Name ? Ruegsegger
FATHER 13. Birthplace ..... Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont Know
MOTHER 15. Birthplace ..... Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Anna Mae Ruegsegger
(b) Address 3213 Kossuth Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) OCT 20 1943 (Date received local registrar) (b) C. D. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th. year 1943 hour 8.30 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. 1m. alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.	Duration
Due to Coronary sclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? ..... (e) Means of injury .....
23. Signature N. S. Ruegsegger Dep. Coroner (M. D. or other)
Address Kirkwood, Mo. Date signed 10-19-43

(Licensed Embalmer's Statement on Reverse Side)

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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 Robert L. Grinkman

Licensed Embalmer No. 3503

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.