

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **36862**
Registrar's No. **9887**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3400 S. Grand (Specify whether
Life years, months or days)

3. (a) PRINT FULL NAME: Charles H. Ruhl, Sr.

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

4. Sex: Male **5. Color or race:** White **6. (a) Single, widowed, married, divorced:** Divorced

6. (b) Name of husband or wife: Louise Ruhl **6. (c) Age of husband or wife if alive:** 57 years

7. Birth date of deceased: January 11, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation: Retired

11. Industry or business: _____

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Ruhl
(b) Address: 5114 Pennsylvania

17. (a) (Burial, cremation, or removal): Burial **(b) Date thereof:** 11 13 43
(Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Archibald Helderly and Co.
(b) Address: 3634 Gravois Ave.

19. (a) (Date received local registration): NOV 12 1943 **(b) (Registrar's signature):** J. F. Budeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 16
(d) Street No. Little Sisters of the Poor 3400 S. Grand
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1943 hour 12 minute 00 Noon

21. I hereby certify that I attended the deceased from Sept 28
7 1943 **to** Nov 11 1943
that I last saw him alive on Nov 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Arterio Sclerosis
Hypertension
Due to _____ 1943
Due to _____ 1943
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 8 2 2
Of operations _____
Of autopsy _____

Duration
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?

23. Signature: J. F. Budeck (M. D. or other) _____
Address: Union Club Bldg **Date signed:** 11/12/43

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.....

Frank J. Delaney

Licensed Embalmer No. *2145*

P. O. Address, *St Louis*

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.

for file