

FILED MAR 10 1944

State File No. _____

Registration District No. 273

Primary Registration District No. 5816

Registrar's No. 15

1. PLACE OF DEATH

(a) County... Perry

(b) City or town... Rural "Cinqué Hommes"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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... Perry

(c) City or town... Rural Cinqué Hommes
(If outside city or town limits, write "RURAL")

(d) Street No... R. M. D. #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Antone Ruch

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife Mary Heilinger

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

7. Birth date of deceased Feb. 10, 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John F. Ruch

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Monty Ruch

(b) Address Beverlyville, Mo.

17. (a) Burial (b) Date thereof Feb 21, 1944
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Silverdale, Mo.

18. (a) Signature of funeral director Wey Funeral Home

(b) Address Beverlyville, Mo.

19. (a) 2-21-1944 (b) Thos. J. Heiler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1944 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 26
1943 to Feb. 17, 1944

that I last saw him alive on 2-17
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Mitral Stenosis + incomplete

Due to infarctus of ase

Other conditions _____
(include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 928

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? _____ (c) Means of injury 9

23. Signature C.M. Wildeman (M. D. or other) Do.
Address Pettyville Date signed 2-21-44

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

District Health Officer No. 4

District File Number 344-3563

Date Filed 3-9-44

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 Bey*

Licensed Embalmer No. 3866

P. O. Address..... *Perryville, 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.