

No. 2
-5-43
5-17-39
I X38671

FILED MAR 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2661**

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:
6414 Murdock Ave.
(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)

3. (a) PRINT FULL NAME Lena C. Ruedi.

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 Widowed

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

7. Birth date of deceased Mar. 27, 1968
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wm. Schmale

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

14. Maiden name Bock

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

16. (a) Informant Alice Kempf

(b) Address 6414 Murdock St. Louis, Mo.

17. (c) Burial (b) Date thereof Mar. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem. St. Louis, Co.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Manleywood, Mo.

19. (a) MAR 20 1944 J. F. Beades
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6414 Murdock Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1944 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 29 1944 to March 18 1944
that I last saw her alive on March 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention Duration shis

Due to Chronic Myocarditis ?

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 H. Schumacher (M. D. or other)
Address 6811 1/2 Groves Date signed 3/18/44

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

MOTHER FATHER

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.