

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 25 1944
318

Primary Registration District No. 1003

Registrar's No. 7009

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

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:
2002 Withnell St.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
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(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2002 Withnell Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Rue ssing

3. (b) If veteran, name war 70.

3. (c) Social Security No. 720.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Theodore Rue ssing

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

7. Birth date of deceased Feb. 8 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Joseph Gamache

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minna Pfeifer

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Wichmann

(b) Address 2002 Withnell Av.

17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem with Bro. St. Vito.

18. (a) Signature of funeral director J. J. Brudean

(b) Address 2929 S. Jefferson Av.

19. (a) AUG 11 1944 (b) J. J. Brudean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1944 hour 3 minute 45p. M.

21. I hereby certify that I attended the deceased from 5/25/1944 to 8/10 1944
that I last saw her alive on 8/5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hematemesis

Due to Ruptured gastric blood vessel.

Due to _____

Other conditions Cirrhosis of liver with ascites & oedema.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Niemler (M. D. or other) Med.
Address 11504 So Grand Date signed 8/11/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

5466

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 Homer L. Ponder

Licensed Embalmer No. 3267

P. O. Address 2929 S. Jefferson Ave

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.