

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

7213

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 24 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 406

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

1. PLACE OF DEATH:

(a) County..... ST. LOUIS County

(b) City or town..... MANCHESTER Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MANCHESTER NURSEING Home  
(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..... ST. LOUIS county

(c) City or town..... MANCHESTER Mo  
(If outside city or town limits, write "RURAL")

(d) Street No..... MANCHESTER Mo  
(If rural, give location)

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

3. (a) PRINT FULL NAME Brotha Gardner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 14 day..... FEB.  
year..... 1945 hour..... 11 minute..... 20 P. M.

21. I hereby certify that I attended the deceased from..... Dec 1  
1943, to..... Feb 14..... 1945.

that I last saw her alive on..... Feb 12..... 1945  
and that death occurred on the date and hour stated above.

4. Sex..... female 5. Color or race..... White

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

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

7. Birth date of deceased..... July 11 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>3</u>	hr. min.

Immediate cause of death..... Senility

Due to..... generalized arteriosclerosis

Due to.....

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

10. Usual occupation..... Homemaker

11. Industry or business..... Home

MOTHER FATHER { 12. Name..... Ernst Ruzs

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

14. Maiden name..... Roset Simon

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

16. (a) Informant..... Leah Zander

(b) Address..... 3033 Kokington

17. (a) Burial (b) Date thereof..... Feb 16 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CINCINNATI OHIO

18. (a) Signature of funeral director..... Pravot and Co.

(b) Address..... 3710 N Grand Blvd.

19. (a) FEB 16 1945 (b) E. J. McManis  
(Date received local registrar) (Registrar's signature)

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

Major findings:  
Of operations.....  
Of autopsy..... 97

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?.....

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... A. J. Merkle M.D. (M. D. or other)

Address..... 3507 Potomac Date signed..... 2-14-45

(Licensed Embalmer's Statement on Reverse Side)

**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 A. Moore*  
Licensed Embalmer No. *3041*  
P. O. Address *2117 E. Grand*

**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.**