

S. No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11715

State File No. \_\_\_\_\_

FILED MAY 3 1945

3616

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

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: **Park Lane Memorial Hosp.**  
(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 **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1441 So. 3d St.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Henry Ruschenberg, Sr.**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **498-25-2808**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**  
year **1945** hour **3** minute **30** P. M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: **Feb.** **1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 19**, 19 **45**, to **April 21**, 19 **45**  
that I last saw him alive on **April 21**, 19 **45**  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>69</b>	<b>1</b>	<b>26</b>	hr. min.

Immediate cause of death: **Broncho-pneumonia** **1 day**

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

10. Usual occupation: **Maloney Electric Co.**

Due to: **Interstitial Nephritis and Hypertension**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name: **John Ruschenberg**

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

14. Maiden name: **Unknown**

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

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: **Frances Ruschenberg**

(b) Address: **1441 So. 3d St.**

17. (a) **Burial** (b) Date thereof: **Apr. 25, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Lakewood Park Cem.**

18. (a) Signature of funeral director: **Walter K. Heller**  
**3634 Grayoia Ave.**

(b) Address: \_\_\_\_\_

19. (a) **APR-24 1945** **J. F. Bredsch**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature: **W. H. Just** (M. D. or other) **MA**  
Address: **2807 N. Grand** Date signed: **4/23/45**

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

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2081 20-894

**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. [Signature]*

Licensed Embalmer No.....

*2678*

P. O. Address.....

*St. Louis, 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.**