

FILED SEP 7 1945

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **2635**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
(Specify whether Memorial)
 In this community **50 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2843 Indiana Ave**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Louise Rueb**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **492-03-0221**

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 **October 2nd 1874**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **31st**
 year **1945** hour **5:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **8/22/45**
 _____, 19____, to **8/31/45**, 19____.

that I last saw h. **er** alive on **8/31/45**, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **08** Days **29**
 If less than one day _____ hr. _____ min.

Immediate cause of death: **intestinal obstruction**

Due to **inc. femoral hernia (Capt)**

Due to **femoral hernia**

Other conditions: **122**
(Include pregnancy within 3 months of death)

9. Birthplace **Warden Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Forelady**

11. Industry or business **Excelsior Laundry Co.**

12. Name **Fred Vogt**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophie Becker**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

Major findings: **inc. omentum + femoral**

Of operations **in femoral hernia Right**

Of autopsy **inc. (Right hernia) Capt**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Sophie Hyer** **Daughter**

(b) Address **2806 Indiana Ave**

17. (a) **Burial** (b) Date thereof **Sept. 3 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Petz Bros**

(b) Address **3029 Lafayette Ave**

19. (a) **SEP 1 1945** **J. F. Bradeck**
(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? _____

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

23. Signature **Pete Thomas** (M. D. or other) **0**
 Address **1515 Lafayette** **8/31/45**
Date signed

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

MOTHER FATHER

1957 513 51177

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. Davis*

Licensed Embalmer No. *2248*

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.