

FILED JUN 18 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4901

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) St. Ann Home Page
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Ann Home Page
(d) Street No. 5301
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Elizabeth Ruegger

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

4. Sex Female 5. Color Wh 6. (a) Single Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 9 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 22
If less than one day _____ min.

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

10. Usual occupation at Home

11. Industry or business _____

12. Name Anthony Ruegger

13. Birthplace Switzerland

14. Maiden name Josephine Stern

15. Birthplace Switzerland

16. (a) Informant St Ann Records

(b) Address 5301 Page St

17. (a) burial (b) Date removed 3-4-46

(c) Place: burial or cremation _____

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

(b) Address 1225 Union Bldg

19. (a) JUN 1 1946 (b) J. F. Bradock

(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 7:43 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 31 1946 to May 31 1946
that I last saw him/her alive on May 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chs. Myocarditis Duration 7 hrs

Due to _____ Due to _____

Other conditions none
(Include pregnancy within 5 months of death)

Major findings: no operation
Of operations _____

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____

(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 Wm J Langan Jr (M. D. or other) _____

Address 5803 ... Date signed May 31/46

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

17724

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..... *Elmo R. Sadwell*

Licensed Embalmer No..... *4077*

P. O. Address.....

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.