

FILED SEP 9 1946  
Registration District No. 898

Primary Registration District No. 1003

7521

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:  
5827 Lotus Avenue.  
(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)

3. (a) PRINT FULL NAME Ruth E. Sugar.

3. (b) If veteran, name war..... None

3. (c) Social Security No. 487-20-6933

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife..... Rudy Sugar.

6. (c) Age of husband or wife if alive..... 23 years

7. Birth date of deceased October 16, 1924.  
(Month) (Day) (Year)

9. AGE: Years Months Days If less than one day

21	10	8	.....hr. ....min.
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9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Earl Stevens.

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

14. Maiden name Agnes Davison.

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

16. (a) Informant Mr. Rudy Sugar.

(b) Address 5827 Lotus Avenue.

17. (a) Burial (b) Date thereof 8-27-1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) AUG 27 1946 (Date received local registrar)  
J. F. Bredsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis (12)  
(If outside city or town limits, write "RURAL") 617

(d) Street No. 5827 Lotus Avenue.  
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th.  
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/24/46 to 8/27/46  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute heart failure  
Congenital Heart Disease

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

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 Tom Vecchia (M. D. or other) JFH

Address 634 N. Grand ave. Date signed Aug 25/1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. R. O. Muether  
Mo. Theatre Bldg.  
11 to 1 P.M.  
Telephone Jefferson 1870

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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 *Clemente M. S. Quany*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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.