

No. 2
1-5-43
5-17-39
I X36871

FILED FEB 17 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1162

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 62 Yrs.
(Specify whether years, months or days)

In this community 62 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME KATHERINE RUSKAUP

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William deceased 1933

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

7. Birth date of deceased Feb 1 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	78	0	2	<u>4</u> hr. <u>4</u> min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name August Kollmeyer

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

14. Maiden name Unknown

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

16. (a) Informant Clarence Rustkamp

(b) Address 3123 Belle St.

17. (a) Burial (b) Date thereof Feb. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Paul W. Bradeck

(b) Address 1936 St. Louis

19. (a) FEB 4 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo.

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

(d) Street No. 5223 Genevieve Av
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1947 hour 2 minute 22 a. M.

21. I hereby certify that I attended the deceased from 12-30-46, 1946, to 2-3-47, 1947
that I last saw him alive on 2-2-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerular nephrosis
Polyarteritis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

Duration 8 m
2 m

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? _____

(Specify type of place) _____

(e) Means of injury 0

23. Signature Geo. A. Mellies (M. D. or other) 0
Address 2739 N. Grand Date signed 2-3-47

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

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.....

Neal H. Paulson

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Louis Ave*

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.