

No. 2
12-45
17-39
X47070

FILED JUN. 5 1947

318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **5223**

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:
7024 West Park Ave.
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 7024 West Park Ave.
(If rural, give location) 7
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles Henry Ruenpohl

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. 22 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 2 hr. min.

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

10. Usual occupation Hardware Merchant

11. Industry or business Tower Grove Hdw. Co.

12. Name Wm. Henry Ruenpohl

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Westhoff

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

16. (a) Informant Emily Ruenpohl

(b) Address 7024 West Park Ave.

17. (a) Entombment (b) Date thereof 5 28 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. CO

(b) Address 4228 So. Kingshighway Bl.

19. (a) J. F. Bredeak (b) J. F. Bredeak
(Date registered for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 12:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1943, to May 24, 1947;
that I last saw him alive on May 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration 4 yrs

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature Barrett J. Tamang (M. D. or other) MD
Address 4500 Olive St. Date signed May 26

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 Richard W. Stovesund
Licensed Embalmer No. 4007

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.