

FILED JUL 15 1947

Registration District No. 304

Primary Registration District No. GOX 6

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Westville Rural
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year
In this community 1 Year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo County St. Charles
(c) City or town Westville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Della Marcelle A Ruddick
3. (b) If veteran, name war
3. (c) Social Security No. 560-96-4910

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7th
year 1947 hour _____ minute _____ M.

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife
7. Birth date of deceased April 9 1931
(Month) (Day) (Year)

21. I hereby certify that I ~~was~~ held inquest on
June 8, 1947 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
16 1 29 hr _____ min.

Immediate cause of death accidental drowning
Duration _____

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

Due to swimming in creek

10. Usual occupation Actress for Krueger's

Due to _____

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

12. Name James B. Ruddick
13. Birthplace Huntsville Alabama
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name Ellen Kiebert
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Of autopsy None

16. (a) Informant James B. Ruddick
(b) Address Westville, Mo

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

17. (a) Burial (b) Date thereof June 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) accident

(a) Place: burial or cremation Maest Hope Lane St. Louis

(b) Date of occurrence June 8, 1947

18. (a) Signature of funeral director Westville Mo
(b) Address _____

(c) Where did injury occur? St. Charles, Mo
(City or town) (County) (State)

19. (a) June 12 1947 (b) James J. ...
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
While at work? no (Specify type of place)
(e) Means of injury drowning

23. Signature Maria ... (M. D. or other) 3
Address Westville Mo Date signed 6-8-47

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

ROBERT A. ADAMS
MORNING

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.....

Wm A. Dalfuer

Registered Apprentice No. *499*

working under my personal supervision.

Signed *Wm A. Dalfuer*

Licensed Embalmer No. *2711*

P. O. Address *Westville, 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.