. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11119

FILED APR 14 1948

Registration District No. 39487

Primary Registration District No. 6076

Registrar's No. 872

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 20 days (Specify whether
In this community 3 months - 20 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town ~~St. Louis~~ 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7500 St. Charles Rock Road 0
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 0
If yes, name country -

3. (a) PRINT FULL NAME RULER, Truman A.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 486 28 4786
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Irene M.
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased October (Month) 4 (Day) 1892 (Year)

8. AGE: Years 55 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician
11. Industry or business
FATHER
12. Name Unavailable 4
13. Birthplace " 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unavailable 4
15. Birthplace " 1
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) 4-5-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1948 hour 7:15 minute A. M.
21. I hereby certify that I attended the deceased from December 12, 1947 to April 1, 1948
that I last saw him alive on April 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 1. CARCINOMA OF ESOPHAGUS
2. HEMORRHAGE, DUE TO EROSION
~~IIIIX~~ Contributory cause: CHRONIC EMPHYSEMA
Due to 46
Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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)
While at work? (e) Means of injury 0
23. Signature L. E. Stilwell, (M. D. ~~[illegible]~~)
Address VAH, Jeff. Brks. Mo. Date signed 4/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1948

APR 14 1948

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.