

No. 300
10-48
117
NR
FILED APR 21 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13640

3290

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 8056 Davis Drive									
3. NAME OF DECEASED (Type or Print) a. (First) Jacob			b. (Middle) _____		c. (Last) Ruehler		4. DATE OF DEATH (Month) (Day) (Year) 4 11 49						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/13/59		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Meat & Vegetable				11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME William Ruehler				13b. MOTHER'S MAIDEN NAME Christine Beer				14. NAME OF HUSBAND OR WIFE Mary Dumbeck					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Frielingsdorf ADDRESS 8056 Davis Dr							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis generalized										INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 97 14500											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19 44 , to 4-11 , 19 49 , that I last saw the deceased alive on 4-11 , 19 49 , and that death occurred at 6-2 P. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Type or Print) Carl Reis M.D.						23b. ADDRESS Humboldt Bldg				23c. DATE SIGNED 4-13-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 4/13/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum				24d. LOCATION (City, town, or county) (State) St. Louis County Missouri					
DATE REC'D BY LOCAL REG. APR 12 1949		REGISTRAR'S SIGNATURE J. B. Lassiter				25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Humboldt ADDRESS 6633 Clayton Road							

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ernest W. Spiller

Signed _____
Student Embalmer

Licensed Embalmer No. *4080*

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.