

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17658

4388

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 Saint Louis, Missouri		c. LENGTH OF STAY (If in this place) 2 1/2 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		179 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 4884a Penrose Street, 15.,			
3. NAME OF DECEASED (Type or Print) a. (First) Johnson			b. (Middle) Edward		c. (Last) Ruth		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1884		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		10b. KIND OF BUSINESS OR INDUSTRY Frumar Lab. Co.		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Eugene Dorsy Ruth		13b. MOTHER'S MAIDEN NAME Anna Johnson		14. NAME OF HUSBAND OR WIFE Stella Ruth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-16-6726		17. INFORMANT'S SIGNATURE OR NAME Stella Ruth, 4884a Penrose Street, 15.,			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum			INTERVAL BETWEEN ONSET AND DEATH 2 mo.?
				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.			
19a. DATE OF OPERATION 5-8-49		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum				20. AUTOPSY? YES <input checked="" 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)		46	
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? 15 ft. x			
22. I hereby certify that I attended the deceased from Feb. 2, 1943 , to May 14, 1949 , that I last saw the deceased alive on May 14, 1949 , and that death occurred at 8:45 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. R. Sheffler M.D.				23b. ADDRESS 634 N. Grand, St. Louis 3, Mo.		23c. DATE SIGNED 5/16/49.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/49	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri		
DATE REC'D BY LOCAL REG. MAY 17 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fentz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on 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.

Student
Student Embalmer

Signed

John A. M... ..

Licensed Embalmer No. *4186*

P. O. Address *St. Louis M...*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.