

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 25235  
 6735

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY - (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) /		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		17 9 U	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3527 S. Jefferson</b>				d. STREET ADDRESS (If rural, give location) <b>29-3527 S. Jefferson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Ruebel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7/31/49</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 1, 1892</b>	
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>30</b>		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Concrete worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <del>XXXXXXXXXXXX</del>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Ruebel</b>		13b. MOTHER'S MAIDEN NAME <b>Emma (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Josie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes.</b>		16. SOCIAL SECURITY NO. <b>WW #1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Josie Ruebel--3527 S. Jefferson</b>		ADDRESS _____	
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) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10ay</b> <b>34y ears</b>	
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) <b>930</b>			
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? <b>4-200</b>			
22. I hereby certify that I attended the deceased from <b>9/9</b> , 18 <b>98</b> , to <b>9/31</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>7-31</b> , 19 <b>49</b> , and that death occurred at <b>2:00P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert W. Fleener M.D.</b>				23b. ADDRESS <b>4602 Gravois St. Louis, Mo.</b>		23c. DATE SIGNED <b>8-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/3/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL <b>AUG 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Savater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderb</b>		ADDRESS <b>3634 Gravois</b>	

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

*2178*

**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 *Robert Wheeler*.....

Licensed Embalmer No. *2178*.....

P. O. Address *St Louis 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.