

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1949

6076 State File No. 25715

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3042		Registrar's No. 18320	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood (rural)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood (Rural)		7 5 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Watson Rd. R.R. #12				d. STREET ADDRESS (If rural, give location) W. Watson Rd., R.R. #12			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Ann		c. (Last) Ruder		4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2	8. DATE OF BIRTH Sept. 13, 1873		9. AGE (In years last birthday) 75	10. MONTH 10	11. DAY 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY.		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Glenz		13b. MOTHER'S MAIDEN NAME Margerite Schmidt		14. NAME OF HUSBAND OR WIFE Fred S. Ruder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles M. Ruder, Kirkwood, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES DUE TO (b) MYOCARDITIS CHRONIC DUE TO (c) MARKED ARTERIOSCLEROSIS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility.					INTERVAL BETWEEN ONSET AND DEATH 1 month Unknown Unknown 1949
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 June 27, 1949, to July 27, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leonard Heber Jr. D.O.				23b. ADDRESS Box 91 Trenton, Mo.		23c. DATE SIGNED 7/28/49.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/49	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.		
DATE REC'D BY LOCAL REG. 7-29-49		REGISTRAR'S SIGNATURE Leonard R. Heber, D.O.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.			

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

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**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 Felix Leonard

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2034

P. O. Address Butte 22

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.