

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32137
State File No. 8284

FILED OCT 7 1949

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission. a. STATE Illinois b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 31 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dietrich			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) W.R.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Phillip c. (Last) Ruegger			4. DATE OF DEATH (Month) (Day) (Year) 9-25-49				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12, 1885	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber			10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (State or foreign country) Deiterich, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Ruegger			13b. MOTHER'S MAIDEN NAME Catherine Mayer		14. NAME OF HUSBAND OR WIFE Mary Ruegger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. (If year give year or dates of service) Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ruegger, Deiterich, Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CA of stomach							
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 9-3-49		19b. MAJOR FINDINGS OF OPERATION CA of stomach & metastases to aortic aneurysm.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Holt Illinois			
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? 157X			
22. I hereby certify that I attended the deceased from 8-26-49 , 19____, to 9-25-49 , 19____, that I last saw the deceased alive on 9-25-49 , 19____, and that death occurred at 6:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Ruedy				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 9-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-26-49		24c. NAME OF CEMETERY OR CREMATORY Deiterich		24d. LOCATION (City, town, or county) (State) Deiterich, Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 2 1949 J. B. Basster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alber H. Hoppe 4700 Washington,			

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 Edna R. Federal

Licensed Embalmer No. 4077

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.