

FILED NOV 10 1949 STANDARD CERTIFICATE OF DEATH

State File No. 35531  
9400

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3910 N-22nd. St.</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>Mo St. Louis - 7. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred Henry</u> b. (Middle) <u>Ruebeling</u> c. (Last) <u>Ruebeling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-1949</u>		
5. SEX <u>M. J</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct-7-1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>HENRY RUEBELING</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA BRAND</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-16-9691</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RUEBELING (MOTHER) 3910 N. 22 ST.</u>	

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) <u>Carcinoma of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Hemorrhage</u>			
		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 <u>6-1-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma of Lung</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>16 X</u>	

22. I hereby certify that I attended the deceased from Oct-13, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct-30, 1949, and that death occurred at 7:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Leibel, M.D.</u>		23b. ADDRESS <u>01755 S Grand Blvd</u>		23c. DATE SIGNED <u>10-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SUEDMEYER &amp; SONS</u>		ADDRESS <u>3934 N. 20 ST.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 1 1949</u>		REGISTRAR'S SIGNATURE <u>J B Basater</u>			

*Must*

**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 *Neill R. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th*

**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.