

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1950

State File No. **3334**
Registrar's No. **255**

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **3070**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		4. DATE OF DEATH (Month) (Day) (Year) 1 29 50	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) #4 Denver Place		5. SEX F	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION #4 DENVER PLACE		3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE		b. (Middle) —	
c. (Last) RUHL		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH 12-24-1886		9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) House Springs Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Weber		13b. MOTHER'S MAIDEN NAME Margaret Schneider		14. NAME OF HUSBAND OR WIFE Henry Ruhl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 67		17. INFORMANT'S SIGNATURE OR NAME ADDRESS My Ruhl #4 Denver Place St. L.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized Arteriosclerosis (Hypertensive Cardiovasc. Disease)		10 yrs	
		DUE TO (c) Diabetes Mellitus		4 yrs	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs	
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) 2:30 PM		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 6/20, 1946 , to 1/29/50 , 19___, that I last saw the deceased alive on 1/29/50 , 1950, and that death occurred at 12:30 A M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John H. King M.D.		23b. ADDRESS 671 E Big Bend Rd.		23c. DATE SIGNED 1/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-1-50		24c. NAME OF CEMETERY OR CREMATORY St. MATHEWS.	
24d. LOCATION (City, town, or county) (State) House Springs Mo		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 30 1950 Herbert R. Dambke M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME, Inc WEBSTER GROVES, MO.	

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..... *Edward R. Padwell*

Licensed Embalmer No. *4079*

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.