

5. No. 300  
10. 48

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12052

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 560

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) R #2 St. Joseph, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Christian b. (Middle) Frederick c. (Last) Rueggesser			4. DATE OF DEATH (Month) (Day) (Year) May 7, 1950		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 18, 1872	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Gardener		10b. KIND OF BUSINESS OR INDUSTRY Own Gardens		11. BIRTHPLACE (State or foreign country) Steffisburg, Switzerland. 5	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Adolph F. Rueggesser		13b. MOTHER'S MAIDEN NAME Arma Fahrni		14. NAME OF HUSBAND OR WIFE Edith Rueggesser	
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 Lloyd G. Rueggesser R#29t. Joseph 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 3 hours  5 days 89000. 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hematoma - Left thigh fract Left - 9 x 10 ribs DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis; Prostatic Hypertrophy		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 131		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Joseph Buchanan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/2/50 - m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from 5-3, 1950, to 5-7, 1950, that I last saw the deceased alive on 5-7, 1950, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE Irwin Bloenthal M.D. (Degree or title)	23b. ADDRESS St. Joseph MO	23c. DATE SIGNED 5-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		

DATE REC'D BY LOCAL REG. May 12, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Greerhoffer 1946 Calhoun Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 \*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Signed

4413

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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Signed .....  
Student Embalmer

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.