

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18589

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4147

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 219	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES Hospital		d. STREET ADDRESS (If rural, give location) 2603 N. Spring Ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Letcher		c. (Last) Ruble	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) May 7 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb.-25-1882
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer	11. BIRTHPLACE (State or foreign country) Sinking Creek, Va.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William J. Ruble		13b. MOTHER'S MAIDEN NAME Lucy Campbell	14. NAME OF HUSBAND OR WIFE Maude Ruble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 490-03-6814	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Ruble-2603 N Spring Ave.

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarct		DUE TO (b) Atherosclerotic heart disease		36 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Atherosclerosis Generalized		6 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4204	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 6 1950, to May 7, 1950, that I last saw the deceased alive on May 7, 1950, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. R. Bradley M.D.		23b. ADDRESS Barnes Hosp		23c. DATE SIGNED 5/7/50	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 5-10-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove	
24d. LOCATION (City, town, or county) (State) St Louis County		25. FUNERAL DIRECTOR'S SIGNATURE A. Brown		ADDRESS 2707 N Grand	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Gustav W. Dietell

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.