

FILED AUG 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25231

318

1003

Registrar's No. 6295

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4525		d. STREET ADDRESS (If rural, give location) 2033 Hiawatha Ave 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Pac. Hosp.				3. NAME OF DECEASED a. (First) A/MA b. (Middle) Flora c. (Last) Ruwwe			
4. DATE OF DEATH (Month) (Day) (Year) 7 20 50		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10/24/1891		9. AGE (in years last birthday) 58		IF UNDER 1 YEAR Months 8 Days 26		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Zack Goforth		13b. MOTHER'S MAIDEN NAME Laura Austin		14. NAME OF HUSBAND OR WIFE Oscar Ruwwe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar Ruwwe 2033 Hiawatha Ave. Richmond Heights 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Dis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>or</i> <i>inertness</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>30 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H/LX</i>					
22. I hereby certify that I attended the deceased from <i>May 16, 1950</i> , to <i>July 20, 1950</i> , that I last saw the deceased alive on <i>July 20, 1950</i> , and that death occurred at <i>9:28</i> m., from the causes and on the date stated above.							
23a. SIGNATURE Robert A. Ambrosy M.D. (Degree or title)				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 7/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. JUL 23 1950		REGISTRAR'S SIGNATURE J.B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS 7450 Manchester Rd. Maplewood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 26 1950

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

J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis Mo

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.