

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. 39447

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2778</u>			
1. PLACE OF DEATH <u>St. Louis</u> a. COUNTY <u>Elliotville Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELLISVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>2157</u> OR TOWN <u>St. Louis Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>15 4562 Adkins</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) _____ c. (Last) <u>Ruthsatz</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>II 17 50</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid. 2</u>		8. DATE OF BIRTH (In years last birthday) <u>I2-2-1868</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>II</u> Days <u>15</u>		IF UNDER 12 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Germany 7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Ruthsatz</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-0251</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Tullmann</u>		ADDRESS <u>3801 Mc Donald</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, 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) <u>Gangrene</u>				ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u>				<u>3 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Amputation of Left Leg</u>								<u>18 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>						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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Aug. 12, 1950</u> , to <u>Nov. 16, 1950</u> , that I last saw the deceased alive on <u>Nov. 16, 1950</u> , and that death occurred at <u>2:40A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hollis Rhinberger</u> (Degree or title) <u>D.O. 2</u>				23b. ADDRESS <u>654 N. Kirkwood Rd. Kirkwood 22; Mo.</u>		23c. DATE SIGNED <u>11/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>II-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/18/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke Md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wingbermuehle</u>		ADDRESS <u>3819 S. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. Phingermuehle Jr.

Licensed Embalmer No. 4611

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.