

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2253

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 6.	
1. PLACE OF DEATH a. COUNTY <i>St Charles</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St Charles</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Charles</i>		c. LENGTH OF STAY (in this place) <i>2 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Charles</i>		<i>0923</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>322<sup>nd</sup> So MAIN</i>				d. STREET ADDRESS (If rural, give location) <i>322<sup>nd</sup> So MAIN</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Micher</i>			b. (Middle) <i>Ruebeling</i>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 11 1951</i>							
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>Aug 9 1875</i>	
9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months <i>5</i>		IF UNDER 24 HRS. Days <i>2</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>		11. BIRTHPLACE (State or foreign country) <i>Weldon Springs Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Micher Ruebeling</i>			13b. MOTHER'S MAIDEN NAME <i>ANNA Bergfeld</i>			14. NAME OF HUSBAND OR WIFE <i>Frieda Fuchs</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Frieda Ruebeling</i>		ADDRESS <i>322<sup>nd</sup> S. MAIN ST.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Arteriosclerotic Heart Disease</i>					<i>unknown</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>None</i>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>None</i>					<i>4200</i>
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>			
22. I hereby certify that I attended the deceased from <i>Dec. 1950</i> , to <i>Jan. 10, 1951</i> , that I last saw the deceased alive on <i>Jan. 10, 1951</i> , and that death occurred at <i>5:00 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Don L. Raudall M.D.</i>			23b. ADDRESS <i>207 N. 5<sup>th</sup> St. Charles, Mo.</i>			23c. DATE SIGNED <i>Jan 15/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 13-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. John's Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Charles Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Jan 13-51</i>		REGISTRAR'S SIGNATURE <i>Francis Hammel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Washburn - Rame</i>		ADDRESS <i>St. Charles Mo.</i>	

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

923

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 20 1951

RECEIVED

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 Charles J. Macke

Licensed Embalmer No. 4530

P. O. Address St. Charles

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.