

FILED JUN 8 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15578

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 48

0090
1

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Bollinger | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Water | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Water | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0090 0 | |

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|--|--|-------------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Wilhemena b. (Middle) Theresa c. (Last) Ruesler | | | 4. DATE OF DEATH (Month) (Day) (Year) May 27 1951 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Cape Girardeau Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Carl Bangert | | 13b. MOTHER'S MAIDEN NAME Caroline Wilke | | 14. NAME OF HUSBAND OR WIFE William Ruesler | |
| 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 Mrs Charles Alkemeyer Perryville Mo | |

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|---|--|--|--|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal disease with hypertension | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 442X | | 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 May 18, 1951, to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------|--|--------------------------------------|--|
| 23a. SIGNATURE W. H. Carron, M.D. | | (Degree or title) | | 23b. ADDRESS Perryville Mo | |
| 23c. DATE SIGNED 5-28-51 | | | | | |

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|--|--|---------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 30 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Freidheim Mo. | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG May 30, 1951 | | REGISTRAR'S SIGNATURE William Young | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Perryville Mo | |
|--|--|---|--|--|--|

RECEIVED

JUN 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Student Embalmer No.....

Signed Wallace Young.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville

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.