

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19165

State File No. ....

FILED MAY 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>WAR Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>514 Cherry Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>514 Cherry Lane</b>		d. STREET ADDRESS <b>514 Cherry Lane</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dr. Valentine E. O. Ruester</b> b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 12, 1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 16, 1889</b>	9. AGE (In years) (month) (day) (Specify) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Ruester</b>	13b. MOTHER'S MAIDEN NAME <b>Rosalie Fischer</b>	14. NAME OF HUSBAND OR WIFE <b>Eleanor Ruester</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eleanor Ruester</b> ADDRESS <b>Warrenton, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion acute</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Hypertensive cardio vascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-20-48 1948, to 5-12, 1952, that I last saw the deceased alive on 5-21, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wolfgang Hoelich M.D.</b>	23b. ADDRESS <b>Warrenton, Mo.</b>	23c. DATE SIGNED <b>5-13-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>5-15-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG <b>5-14-52</b>	REGISTRAR'S SIGNATURE <b>Floyd Hagan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b> ADDRESS <b>6322 S. Grand Blvd. St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1090

**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: *David Lee Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Grand*

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.