

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3033

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anns Village
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION 3745 St. Gregory Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anns Village
 d. STREET ADDRESS (If rural, give location) 3745 St. Gregory Lane

3. NAME OF DECEASED
 a. (First) CHARLES b. (Middle) _____ c. (Last) RUEHL

4. DATE OF DEATH (Month) (Day) (Year)
November 22, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH November 19, 1885

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
67 0 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinest

10b. KIND OF BUSINESS OR INDUSTRY
Machine Shop

11. BIRTHPLACE (State or foreign country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Phillip Ruehl

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Catherine Ruehl

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.
198-03-7948

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Roy Davis, 3745 St. Gregory Lane, St. Anns Villiage

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)
Carcinomatous
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Adeno-
 DUE TO (c) Carcinoma of Large Intestine
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
153X

INTERVAL BETWEEN ONSET AND DEATH
6 mo
1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1952, to 11-22, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Paul D. Patterson M.D.

23b. ADDRESS
10300 St. Charles Rd

23c. DATE SIGNED
11-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
11/26/52

24c. NAME OF CEMETERY OR CREMATORY
St. Peters Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Missouri

DATE REC'D BY LOCAL REG.
11-25-52

REGISTRAR'S SIGNATURE
Hubert R. Dando - M.D.

FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Paul Funeral Home, St. Charles, Mo.

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

400

DEC 11 1952

DEC 8 1952

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 Clarence M. Bills

Licensed Embalmer No. 4375

P. O. Address St. Charles, 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.