

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3180

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST. LOUIS</u> | c. LENGTH OF STAY (In this place)<br><u>5 YRS</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST. LOUIS 2209</u>                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>CHRISTIAN HOSPITAL</u>                     |   | d. STREET ADDRESS (If rural, give location)<br><u>20 3912 N. 22 ST.</u>  |  |

|  |                               |  |   |
|--|-------------------------------|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>HENRIETTA</u><br>b. (Middle) <u>RUEBELING</u><br>c. (Last) |                               | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>MAR. 23 1953</u>  |   |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>                                       | 8. DATE OF BIRTH<br><u>OCT. 11, 1872</u>        |
| 9. AGE (In years last birthday)<br><u>80</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>NIL</u> |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>UNKNOWN GERMANY</u>                                       |                               | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>UNK. BRAND</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>HENRY RUEBELING</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u>      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>MRS HILDA CARBREY 5764 LAUREL CANYON N. HOLLYWOOD, CAL.</u> |

|   |  |                            |   |
|---|--|----------------------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> |                            | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hours</u> |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Arteriosclerosis</u>                            |                            | ?   |
|   | DUE TO (c) <u>Hypertension</u>   |                            | ?   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>Chronic Myocarditis</u> |   |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>331X</u>   |

22. I hereby certify that I attended the deceased from Jan. 19 40 to March 23, 1953, that I last saw the deceased alive on March 23, 1953, and that death occurred at 6:30A a.m., from the causes and on the date stated above.

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|---|--|--|
| 23a. SIGNATURE<br><u>R. M. McElwain</u><br>(Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>4356 Warne Avenue</u> | 23c. DATE SIGNED<br><u>3-24-53</u>                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                  | 24b. DATE<br><u>3/26/53</u>              | 24c. NAME OF CEMETERY OR CREMATORY<br><u>FRIEDENS CEM.</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS MO</u>        |  |  |

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL OFFICE<br><u>MAR 24 1953</u> | REGISTRAR'S SIGNATURE<br><u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Mr. W. H. ... 2924 N. 20 St</u> |
|--|--|--|

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

*Gustav W. Deitel*

Licensed Embalmer No.

*4329*

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.