

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32146**
Registrar's No. **8254**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8254	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4693		d. STREET ADDRESS (If rural, give location) 631 E. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Anton		c. (Last) Ruhl		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 19, 1881	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Kern Insc. Agency		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph A. Ruhl		13b. MOTHER'S MAIDEN NAME Catherine Zimmer		14. NAME OF HUSBAND OR WIFE Dorothy D. Ruhl			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Exp. no. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-07-0643A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John A. Ruhl, Jr. 1897N. signal Hill			
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) Cerebral Thrombosis ANTECEDENT CAUSES Cerebral Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? None		332x	
22. I hereby certify that I attended the deceased from 8/22, 1954 , to 9/5/54 , 19____, that I last saw the deceased alive on 9/5/54 , 19____, and that death occurred at 7:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles C. Groce, M.D.				23b. ADDRESS 190 Kirkwood		23c. DATE SIGNED 9/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE Charles Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weyer-Pfizinger 331 S. Kirkwood Rd.			

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 William H. Peterson

Licensed Embalmer No. 4316

P. O. Address Kirkwood 227th

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.