

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26520

STATE FILE NUMBER

FILED JUL 31 1957

Registration District No. **318** Primary Registration District No. **1003** Registration No. **6766**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>			Length of stay in lb <i>10 days</i>		d. STREET ADDRESS <i>1312 S. 10th St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <i>Frank</i> Middle <i>Rulo Jr.</i> Last <i>Rulo Jr.</i>				4. DATE OF DEATH Month <i>July</i> Day <i>19</i> Year <i>1957</i>											
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 23 1867</i>		9. AGE (In years last birthday) <i>89</i>		IF UNDER 1 YEAR Month <i>11</i> Days <i>26</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Welder</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Washington Co Mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>						
13. FATHER'S NAME <i>Francis Rulo Sr.</i>						14. MOTHER'S MAIDEN NAME <i>Unknown</i>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT Address <i>William Rulo St. Louis Mo</i>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerosis;</i> <i>Fracture of Left Hip;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE CAUSE (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) <i>Support of hip not given within six weeks after accident</i>												INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I and Part II of item 18.) <i>Accident while walking in the vicinity of Broadway and Cass St. St. Louis.</i>									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour <i>7</i> a. m. <i>11</i> p. m. Month <i>7</i> Day <i>11</i> Year <i>57</i>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <i>Street</i>			20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>			COUNTY <i>Moore</i>		STATE <i>MO</i>	
21. I attended the deceased from <i>6:25 P.M.</i> to <i>6:25 P.M.</i> and last saw her/him alive on <i>7/20/57</i> Death occurred at <i>1300 Clark</i> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Joseph M. Queen</i>						22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>7/20/57</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <i>7-22-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Blackwell Cem.</i>			23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>							
24. FUNERAL DIRECTOR <i>Mrs. Lutha Spark Paterson</i>						ADDRESS		25. DATE RECD. BY LOCAL REG. <i>JUL 20 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Murphy L. Spink* .....

Licensed Embalmer No. *42* .....

P. O. Address *St. Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.