

29964

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7379

| | | | | | |
|--|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | c. CITY OR TOWN Glencoe, 4000 | | b. COUNTY St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp. | | | Length of stay in lb 8-yrs. | d. STREET ADDRESS (If outside, give location) LaSalle Institute | |
| 3. NAME OF DECEASED (Type or print) | | | First | Middle | Last |
| Brother Ulrick Michael (Thomas Ruane) | | | | | |
| 4. DATE OF DEATH | Month | Day | Year | | |
| August 5, 1957 | | | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 13, 1883 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months 1 Days 22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, Religious | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Ireland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Unknown Ruane | | 13b. MOTHER'S MAIDEN NAME Unknown Unknown | | 14. NAME OF HUSBAND OR WIFE | |
| 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. none | 17. INFORMANT Brother Emery, LaSalle Institute, Glencoe, Mo. | Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Voluculus of sigmoid colon 3 days 570.3 | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) _____ | | | | | |
| DUE TO (c) _____ | | | | | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from 3 Aug to 6 Aug and last saw her alive on 3 Aug 1957 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE (Dress or title) Louis T. Hubert MD | 22b. ADDRESS 634 No Grand | 22c. DATE SIGNED 7 Aug 57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE August 7, 1957 | 23c. NAME OF CEMETERY OR CREMATORY LaSalle Institute Cemetery | 23d. LOCATION (City, town, or county) Glencoe, Missouri | (State) | |
| 24. FUNERAL DIRECTOR Arthur J. Donnelly | ADDRESS 8840 Lindell Blvd. | 25. DATE RECD. BY LOCAL REG. AUG 7 '57 | 26. REGISTRAR'S SIGNATURE Carl Smith MD mgs | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side).

1001

of Iowa

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of Iowa

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of Iowa

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of

of Iowa

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U.S.

Ireland

Teacher, etc.

Unknown

Unknown

of Iowa

None

or

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 me, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 499
P. O. Address 387 Linden

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.