Health, & Welfare Public Service

. 300
. 1-56

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38078

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9748

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Inside Limits Yes X No ☐	c. CITY OR TOWN ST LOUIS, Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 MISSOURI BAPTIST HOSPITAL Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 109 4144 Lexington Ave. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARY ANN Middle Last RUBBELKE		4. DATE OF DEATH Month Day Year OCT, 16, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH MARCH 6, 1938
9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALOIS RUBBELKE		14. MOTHER'S MAIDEN NAME MARGARET HANNON RUBBELKE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MARGARET RUBBELKE 4144 LEXINGTON AVE	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pyelonephritis with Uremia
Acute Pyelonephritis with uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. pyelonephritis
DUE TO (c) Chronic pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 600.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 Sept 27-57, to Oct 16-57 and last saw her/him alive on Oct 16-57
Death occurred at 8:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.H. Kilker (Degree or title) C H Kilker M.D. M.D.	22b. ADDRESS 3121 No. Grand 3121 N Grand St Louis MO	22c. DATE SIGNED 10-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/19/57	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or country) (State) ST LOUIS MISSOURI		
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. OCT 18 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MGB

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr Tilker
31 21 no Irons
10 to N

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 48

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.