

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023356
STATE FILE NUMBER

FILED JUL 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **5821**

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4346 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 7128 Kingsbury Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR THEODORE RUEBLING			4. DATE OF DEATH Month Day Year JUNE 18, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Maintenance		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Augusta, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Ruebling		13b. MOTHER'S MAIDEN NAME Wilhelmina Mallinckrodt	14. NAME OF HUSBAND OR WIFE Olga Ruebling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or no known) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Olga Ruebling 7128 Kingsbury U.C., MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANEURYSM OF ABDOMINAL AORTA AND LEFT HYPOGASTRIC ARTERY DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 451X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA BRONCHIECTASIS			INTERVAL BETWEEN ONSET AND DEATH 1 YEAR YEARS
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 a.m. Month, Day, Year p.m.			
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from JUNE 12, 1959 to JUNE 18, 1959 and last saw her alive on JUNE 18, 1959 Death occurred at 8:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. R. Bradley (Degree or title) <i>FR Bradley</i>		22b. ADDRESS BARNES HOSPITAL <i>MBD</i>	22c. DATE SIGNED 6/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-20-59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. JUN 19 '59	26. REGISTRAR'S SIGNATURE <i>Karl Smith M.D.</i> <i>mjb</i>

JUL 17 1959

STATEMENT BY LICENSED EMBALMER

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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
Signature of Student Embalmer

Signed ... *Arnold W. Schone*

Licensed Embalmer No. *3864*

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