URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-017294

STATE FILE NUMBER

FILED VS MAY 13 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4612

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 37 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LUTHERAN HOSPITAL
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 3879 UTAH PLACE
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First IDA Middle L. Last RUCH

4. DATE OF DEATH: Month APRIL Day 29 Year 1960

5. SEX: FEMALE

6. COLOR OR RACE: CAUCASIAN

7. Married Never Married X Widowed Divorced

8. DATE OF BIRTH: 6/11/1900

9. AGE (last birthday): 59

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY: St. L. COURT OF APPEALS

11. BIRTHPLACE (City and state or country): WATERLOO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ANTOIN RUCH

13b. MOTHER'S MAIDEN NAME: MINNIE BIERMANN

14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

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.: 499-12-7864

17. INFORMANT: CLARA E. RUCH, 3879 UTAH PLACE, ST. LOUIS

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) Carcinoma of the liver (metastatic) — INTERVAL BETWEEN ONSET AND DEATH: 1yr 9 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) carcinoma upper part of the rectum.

DUE TO (c) 154X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO X

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 July 1958 to April 29, 1960 I last saw him/her alive on 4/29/60

Death occurred at 9:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. W. Klippel, M.D.

22b. ADDRESS: 3701 Grandel Square St. Louis, Mo.

22c. DATE SIGNED: 4/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: 5/2/1960

23c. NAME OF CEMETERY OR CREMATORY: MISSOURI CREMATORY

23d. LOCATION (City, town, or county) (State): 3211 SUBLETT AVE. ST. LOUIS, MO.

24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY
ADDRESS: 6464 CHIPPEWA STREET, ST. LOUIS, MO.

25. DATE RECD. BY LOCAL REG.: MAY 2 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Rice C Branson

Signature of Student Embalmer

Licensed Embalmer No. 476

P. O. Address St Louis

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