

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3821 STATE FILE NUMBER

FILED APR 27 1961

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u><br><u>DOA Lutheran Hosp.</u> |  | c. CITY OR TOWN <u>St. Louis</u>   |  |
| Length of stay in 1b   |  | d. STREET ADDRESS (If outside, give location)<br><u>4389 Beck</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
|  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |

|                                     |                       |                 |                     |                  |                |               |                  |
|-------------------------------------|-----------------------|-----------------|---------------------|------------------|----------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First <u>Theodore</u> | Middle <u>W</u> | Last <u>Rueffel</u> | 4. DATE OF DEATH | Month <u>4</u> | Day <u>19</u> | Year <u>1961</u> |
|-------------------------------------|-----------------------|-----------------|---------------------|------------------|----------------|---------------|------------------|

|                 |                           |   |                                    |                                  |                           |                        |                          |                        |
|-----------------|---------------------------|---|------------------------------------|----------------------------------|---------------------------|------------------------|--------------------------|------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/23/1892</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days | IF UNDER 1 YEAR<br>Hours | IF UNDER 24 HR<br>Min. |
|-----------------|---------------------------|---|------------------------------------|----------------------------------|---------------------------|------------------------|--------------------------|------------------------|

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|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Meat cutter</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>A&amp;P</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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|--|--|---|
| 13a. FATHER'S NAME<br><u>Frederick Rueffel</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Barbara Theiss</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Pauline</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 17. INFORMANT Address<br><u>Pauline Rueffel 4389 Beck</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Pulmonary infarction</u>  |  | <u>1/2 hr</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Arteriosclerotic heart disease</u> | <u>5 years</u>                   |
|  | DUE TO (c) <u>420.0</u>                          |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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|   |                  |
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| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m. | Month, Day, Year |
|---|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 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 11-4-55 to 4-15-61 and last saw her/him alive on 4-15-61.  
Death occurred 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| 22a. SIGNATURE<br><u>Pauline Rueffel</u> | (Degree or title) | 22b. ADDRESS<br><u>3701 Grandel St</u> | 22c. DATE SIGNED<br><u>4-20-61</u> |
|--|-------------------|--|------------------------------------|

|  |                             |   |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>4/21/61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus</u> | 23d. LOCATION (City, town, & county) (State)<br><u>St. Louis Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Schmacher 3013 Meramec</u> | 25. DATE RECD. BY LOCAL REG.<br><u>APR 21-1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u> |
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DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

12 No. 30. M

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Haupt  
Licensed Embalmer No. 4746  
P. O. Address Shore

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.