

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046813

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11670 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 40-yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4954 Lindell Blvd. Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) 4954 Lindell Blvd. Reside on Farm Yes [] No [X]

3. NAME OF DECEASED (Type or print) First William Middle Carroll Last Ruoff 4. DATE OF DEATH December 14th., 1961

5. SEX M. 6. COLOR OR RACE W. 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 1/14/1893 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done or business if retired) Retired Salesman 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Belleville, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME William L. Ruoff 13b. MOTHER'S MAIDEN NAME Mary Jane Carroll 14. NAME OF HUSBAND OR WIFE Mrs. Kathryn Mable Ruoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes World War # 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. William J. Ruoff, 4954 Lindell Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: (a) Immediate Cause (b) DUE TO (c) DUE TO (c) Coronary Thrombosis Arterio Sclerotic Heart Disease 420.0 INTERVAL BETWEEN ONSET AND DEATH minutes 5 yo?

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 [] No [] 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 12/13 to 12/13 and last saw her/him alive on 12/13/61 Death occurred at 4954 Lindell m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Kusella M.D. 22b. ADDRESS 4954 Lindell 22c. DATE SIGNED 12/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/16/1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnell, 3840 Lindell Blvd. 25. DATE RECD. BY LOCAL REG. DEC 14 1961 26. REGISTRAR'S SIGNATURE Leonard Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

PC 311

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Lunde

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.