

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg County			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN Greenville, Kentucky		c. LENGTH OF STAY (in this place) 01	c. CITY OR TOWN Lenzburg, Illinois		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Community Hosp			d. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) Olinda b. (Middle) Clara c. (Last) Ruester			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 1, 1937	9. AGE (in years last birthday) 60	If Under 1 Year: Months Days If Under 94 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 Teaching	11. BIRTHPLACE (State or foreign country) St. Clair Co.--Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Beimfohr			14. MOTHER'S MAIDEN NAME Sødonia Wachsmuth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT Bettei Houghland			
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) Mitral Stenosis.					20 days?
DUE TO (c) -----					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4107-086-16					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY	STATE
22. I hereby certify that I attended the deceased from Jan, 19, to Death, 19, that I last saw the deceased alive on 3-18-1958 and that death occurred at 1:30 AM from the causes and on the date stated above.					
23a. DATE SIGNED 3/24/58	23b. ADDRESS Greenville, Ky		23c. SIGNATURE (Degree or title) [Signature] M.D.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1958	24c. NAME OF CEMETERY OR CREMATORIUM Marissa City Con.		24d. LOCATION (City, town, or county) (State) Marissa, Ill. St. Clair Co.	
25a. DATE REC'D BY LOCAL REG. 3/24/58	25b. REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky.		