

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15140

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township J. East Primary Registration District No. 1002  
City N.E. Mo. (No. 3140 Oak St.)

File No. \_\_\_\_\_  
Registered No. 6 2008  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** August Ruechel

(a) Residence. No. 3140 Oak St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Ruechel

17. HEREBY CERTIFY, That I attended deceased from 4/23/27, 1927, to 5/16/27, 1927, and that I last saw him alive on 5/16/27, 1927, and that death occurred, on the date stated above, at 1:00 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-12-1846

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 | 1 | 3 | \_\_\_\_\_

Cerebral hemorrhage.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter  
(c) Name of employer \_\_\_\_\_

131 812A 1290  
(duration) yrs. mos. da.

CONTRIBUTORY Chronic interstitial nephritis  
(SECONDARY)  
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W.R. Fricker M.D.  
(Address) 205 Minor Bldg

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs Marie Ruechel  
(Address) 3140 Oak St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL W. Hope F.C.K. DATE OF BURIAL 5-17 1927

15. FILED May 16, 27 M. M. Crowe REGISTRAR  
asst

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. E. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT omit to mention any disease. DO NOT omit to mention any injury. DO NOT omit to mention any cause of death.

16. 17. 18. 19. 20.

124 results m. 1652

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20