

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St Louis** (No. **St Lukes Hospital**)

File No. **28985**  
 Registered No. **8568**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. **5581<sup>1/2</sup> St Edwards** St. **C** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 17 - 1913**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**14** | **8** | **8** | **2076**  
**108**  
**3:37**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **School**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Soldan High**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Muhlenberg Co Ky**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Mr E Ruschley**

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

12. MAIDEN NAME OF MOTHER **Rula Hardison**

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

14. INFORMANT **Mr E Ruschley**  
 (Address) **5581<sup>1/2</sup> St Edwards St**

15. SEP 26 1927  
 FILED 19 \_\_\_\_\_ Max C Starckoff  
 REGISTERED

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 25 19**

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at **11:30 P.** m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Robt Pneumonia following shock & injuries falling from freight train while attempting to board same**

CONTRIBUTORY (SECONDARY) **Board same accident**

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

19. DID AN OPERATION PRECEDE DEATH? **1884** DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **R. J. N. A.**, M. D.  
 14, 19\_\_\_\_ (Address) **Carroll**

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Zion Cemetery** DATE OF BURIAL **9/27 1927**

20. UNDERTAKER **Wm Strimacher** ADDRESS **1944 N Jefferson**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

