Filemon 2-6-3

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. THIS IS A PERMANENT RECORD

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

Do not use this space.

21841

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....
Township .... Primary Registration District No. 1003 Registered No. 5958
City St. Louis Mo. (No. Deaconess Hospital. ....St. ....Ward)

2. FULL NAME Anna MarieRuesche.

(a) Residence. No. 4323 N. Newstead Ave. St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female.	White.	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred. W. C. Ruesche.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/11/1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	11	21	

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

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Henry Luenstroth.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Katherine Sahrhage.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Germany.

14. INFORMANT Catherine Ruesche
(Address) 4323 N. Newstead

15. FILED JUN -4 1928, 19.... Max C. Starkloff REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/2/28 19

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1928 to Jun 2, 1928, that I last saw her alive on June 2, 1928, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* was as follows:
Cholecystitis Empyema of Gall Bladder
127A
127B
131
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Nephritis - Chronic Interstitial

1290

(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 5/31/28
WAS THERE AN AUTOPSY? ....
WHAT TEST CONFIRMED DIAGNOSIS? ....
(Signed) L. H. Hempelmann, M. D
6/4, 1928 (Address) 626 Metropolitan Bldg

*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	DATE OF BURIAL
St. Peters Cemetery.	6/4, 1928

20. UNDERTAKER	ADDRESS
Provost Und Co.	3710 N Grand