

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

Do not use this space.

**31333**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 689  
 Township St. Louis Primary Registration District No. 3033  
 City St. Louis (No. 507) Wherman St. 3 Ward)

**2. FULL NAME**

William Sherman Rue  
 (a) Residence No. 507 Wherman St. Ward: 2  
 (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) 9-13-28

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

17. I HEREBY CERTIFY, That I attended deceased from 8-10-28 to 9-13-28 that I last saw him alive on 9-13-28, and that death occurred, on the date stated above, at 3:20 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-23-72

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>6</u>	<u>20</u>	

myo Carditis - (Chronic)  
131 930/29 A

**8. OCCUPATION OF DECEASED**

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

Chronic Nephritis  
 (duration) yrs. (2) mos. da.  
 (SECONDARY) about 1/2 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Wellsville Mo  
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wm Rue

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Eric A Cunningham, M.D.

12. MAIDEN NAME OF MOTHER Harriet Coyle

9/14, 1928 (Address) Louisiana Mo

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

\*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 Andy Miss  
 (Address) Louisiana Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riverside Louisiana Mo

DATE OF BURIAL 9-14-28

15. FILED 9/14-28 REGISTRAR

20. UNDERTAKER J. O. Nally Jr ADDRESS Louisiana Mo

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.

28-9-15  
 12-2-23  
 56-6-20

