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

Do not use this space.

30506

1. PLACE OF DEATH
County Gasconade — Registration District No. 303 — File No.
Township — Primary Registration District No. 4182 — Registered No.
City Hermann (No. ..... St. ..... Ward)

2. FULL NAME Henry H. Ruediger
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
77	6	7	

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

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

PARENTS
10. NAME OF FATHER Johan Ruediger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Armbruster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Ed. H. Ruediger
(Address)

15. FILED 9-10-1929 Anna K Ruediger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to Sep. 9, 1929, that I last saw him alive on Sep. 8, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
132A Nephritis
97
162 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis with Miningeal atrophy (duration) 1 yr. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF ---
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General Diagnosis
(Signed) H. J. Rickhoff, M. D
9-10, 1929 (Address) Hermann Mo

*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: Hermann City Cemetary — DATE OF BURIAL: 9/11 1929

20. UNDERTAKER: E Ruediger — ADDRESS: Hermann Mo