

**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. 1003

City.....

No. 3001 N. 23d

File No. 3128

Registered No. 340

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Ruhl

(a) Residence. No. 3001 N. 23d

St. 20 Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Katherine Ruhl

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

May 8, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

58

7

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Salesman 192

(b) General nature of industry, business, or establishment in which employed (or employer)

Wall Paper

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio 2

10. NAME OF FATHER

Joseph Ruhl

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Philomena Meier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

(Address)

Katherine Ruhl  
3001 N. 23d St

15. FILED

FILED

1931

May C. Stankovitch  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

Jan 7 1931

17. I HEREBY CERTIFY, That I attended deceased from May 9 1929, to Jan 7 1931.

that I last saw him alive on Jan 5 1931, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

80  
107A Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

Locomotor Ataxia

(duration) 11 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Place of death

DID AN OPERATION PRECEDE DEATH?

No DATE OF X

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

usual symptoms

(Signed) William T. Huschke, M. D.

1/8 . 19 31 (Address)

3500 N Grand

\*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

Calvary Cemetery

Jan 10, 1931

20. UNDERTAKER

Goodhart + Goodhart

ADDRESS 2228

St. Louis ave

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.

