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

Do not use this space.

7364

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. ISOLATION HOSPITAL ..... St. ..... Ward)

File No. .....

Registered No. 1679

2. FULL NAME Alvina Ruesing

(a) Residence. No. 422a N. Vandeventer 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	5	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier 251

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo. 1

PARENTS

10. NAME OF FATHER Benjamin Haap

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Europe 33
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Bachert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo. 1

14. INFORMANT Loraine Kroner
(Address) ISOLATION HOSPITAL

15. FILED FEB -9 1931 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 9 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-30, 1931, to 2-9-, 1931 that I last saw her alive on 2-9, 1931, and that death occurred, on the date stated above, at 5 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? not known

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bacilli in Sputum

(Signed) Henry J. Yeast, M. D.

2-9, 1931 (Address) ISOLATION HOSPITAL

*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: New St. Marcus

DATE OF BURIAL: Feb. 11 1931

20. UNDERTAKER: Weick Bros.

ADDRESS: 2201 S. Grand

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.

[illegible] UNLESS THIS IS A PERMANENT RECORD