

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

Do not use this space.

9991

File No. _____
Registered No. 1230
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis (No. 1516)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME

Ronald Roy Ruckelt
(a) Residence No. 1516 Bridel St. 12 Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Single

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

Child

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

July 22 - 1928

7. AGE

YEARS

MONTHS

DAYS

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

2

7

22

8. OCCUPATION OF DECEASED

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

Child

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

(c) Name of employer.....

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

Mo

10. NAME OF FATHER

Roy Ruckelt

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

Kan

12. MAIDEN NAME OF MOTHER

Lady Sewidge

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

Kan

14. INFORMANT

(Address) 1516 Bridel

Roy Ruckelt

15. FILED

3/15 '31 M. M. Crowe
REGISTRAR
user

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

March 14 1931

17.

I HEREBY CERTIFY, That I attended deceased from near 8, 1931, to near 14, 1931 that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 5:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

10

(duration) yrs. mos. ds. 10 ds.

CONTRIBUTORY (SECONDARY)

10

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

8

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? ①

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. R. St. Clair, M. D.

3/15 '31 (Address) 5242 St. John

*State the DISEASE CAUSING DEATH, or in death 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

Mt. Washington Ave March 16 1931
20. UNDERTAKER Rose Henderson **ADDRESS** City

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

W. H. B. B. B. B.

Funeral at graveside
at 2 PM

5242/01 S. G. W. W.