

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10209

1. PLACE OF DEATH

County Registration District No. 79
Township Primary Registration District No. 1003
City St. Louis, Mo. 500 St. Kings Highway St. Ward)

File No.
Registered No. 2228
St. Ward)

2. FULL NAME

(a) Residence, No. 2015A Penn St., 23 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
— — — 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Child
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William Ruemker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Clara Bienhefeld

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT L. Morris
(ADDRESS) 500 St. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter - Penn DATE March 8, 1932

19. UNDERTAKER J. N. Graber
(ADDRESS) 26 1/2 N. 3rd St. St. Louis, Mo.

20. FILED 147-81532
[Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-32, 19...

22. I HEREBY CERTIFY, That I attended deceased from 3-5-32, 19... to 3-6-32, 19...

I last saw him alive on 3-6-32, 19... Death is said

to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset 3/6/32

Other contributory causes of importance:
159

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Lawrence Goldman, M. D.
(Address) St. Louis, Mo.

