

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

Do not use this space.

13847

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 796
 2 Township Central Primary Registration District No. 6133
 7 City Clayton (No. 17 So. Beniston) St. _____ Ward) _____
 2. FULL NAME Katherine B. Ruhl
 (a) Residence. No. 17 So. Beniston St. _____ Ward. _____
 (Usual place of abode) (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 G. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-18-1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 10 25
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Germany 10 (STATE OR COUNTRY) _____
 PARENTS
 10. NAME OF FATHER Steven Suttler
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Untersohn
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 14. INFORMANT Frank Ruhl
 (Address) 17 So Beniston Clayton Mo
 15. FILED Apr 14 1932 K. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13th 1932
 17. I HEREBY CERTIFY, That I attended deceased from April 13th 1932 to April 13th 1932 that I last saw h. et. alive on April 12th 1932, and that death occurred, on the date stated above, at 2:15 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
92A
92A (duration) _____ yrs. - mos. 12 ds.
 CONTRIBUTORY (SECONDARY) Valvular disease of heart (duration) 6 yrs. - mos. - ds.
 18. WHERE WAS DISEASE CONTRACTED 92A ①
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Henry J. Dionysius, M. D.
Apr 13th 19 32 (Address) 121 E. Adams Kirkwood
 *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 Zions Evangelical Cem DATE OF BURIAL 4/16/1932
 D. UNDERTAKER Louis A. Bopp ADDRESS Kirkwood Mo.

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. MAY 28 1932

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

