

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.

27273

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 12 Township Central Primary Registration District No. 6133
 7 City Clayton (No. St. Louis County Hospital) (St. Ward)
 2. FULL NAME Albert Rutz
 (a) Residence, No. Overland Mo. 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.

AUG 31 1932

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 Virginia Rutz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1867
 7. AGE YEARS 65 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harass Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 FATHER 13. NAME Albert Rutz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ok.
 MOTHER 15. MAIDEN NAME Regina Faust
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ok.
 17. INFORMANT (ADDRESS) Virginia Rutz
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter + Paul St. 12
 19. UNDERTAKER (ADDRESS) Rieschauer Co. Co. 4103 Marchand St.
 20. FILED Aug 11 1932 RW Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.
 The principal cause of death and related causes of importance were as follows:
Riding as passenger in a motor vehicle called with a snapper and automobile on public highway.
 Other contributory causes of importance:
Fractured skull
Physical signs
 (Name of operation) _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____ 19____
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place Public place
 Manner of injury Auto collision
 Nature of injury fractured skull
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) John O'Connell, M. D.
 (Address) Coroner of St. Louis County

