

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 707

File No. 21625

Township.....

Primary Registration District No. ....

Registered No. 5421

City St. Louis Mo. (No. 1853 5<sup>th</sup> Spring Ave St.          Ward)         

**2. FULL NAME**

Chester S. Ruckstuhl

(a) Residence, No.          St.          Ward. 17

17

(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)

Widower

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

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

Aug 31 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

9

20

8. OCCUPATION OF DECEASED

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

Merchandise Broker

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

own Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Louisville

10. NAME OF FATHER

Unknown Ruckstuhl

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Lena Ruckstuhl  
1853 5<sup>th</sup> Spring

15.

FILED

22 1933

J. F. Bredeck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

June 21 1933

17.

I HEREBY CERTIFY, That I attended deceased from 5-23-33, 1933, to 6-21-33, 1933, that I last saw him alive on 6-21-33, 1933, and that death occurred, on the date stated above, at 7:58 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia  
107A - Bilateral

CONTRIBUTORY (SECONDARY)

107A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Chest

(Signed) Theo. J. Hauser, M. D.

6/21, 1933 (Address) 3651 Selma

\*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

DATE OF BURIAL

Valhalla Cemetery June 23 1933

20. UNDERTAKER

ADDRESS

John J. Robert 1905 E Grand  
St. Louis

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.

Amesbury

Barbara M. A.

Barbara M. A. - 1st.

John A. Geo B.

Barbara M. A.

St. Vincent de Paul

OK of 0248

St. Vincent de Paul

St. Vincent de Paul