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.

OCT 20 1933

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

Do not use this space.

32601

1. PLACE OF DEATH
County Crawford — Registration District No. 230 — File No.
Township Knobview — Primary Registration District No. M 040 — Registered No.
City Cuba (No. , St. Ward)

2. FULL NAME Henry Ruester

(a) Residence, No. 3214 Utah St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 27 1849

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 2 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EDELSBACH GERMANY

FATHER
13. NAME VALENTINE RUESTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EDELSBACH GERMANY

MOTHER
15. MAIDEN NAME BARBARA FINCK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DARMSTADT GERMANY

17. INFORMANT (ADDRESS) ERNA GROHE 3214 UTAH ST LOUIS MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE SUNSET BURIAL PK DATE OCT 13 1933

19. UNDERTAKER (ADDRESS) SOUTHERN FUNERAL HOME 6340 So Grand - St Louis Mo

20. FILED Oct. 12, 1933 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 24 1933, to Oct 10, 1933
I last saw him alive on Oct 10, 1933. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| 1861 | |
| 1862 | |
| 1863 | |
| 1864 | |
| 1865 | |
| 1866 | |
| Other contributory causes of importance: Injury from fall | 1 |

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, 19
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 Fell from walk
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John H Martyn, M. D.
(Address) Cuba Mo