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

Do not use this space.

APR 25 1934

96

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 10286
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 83
City Manchester — (No. Manchester Nursing Home St. ..... Ward)

FULL NAME Henry Rueckert

(a) Residence, No. 4929 Cote Brilliant 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. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 29 — 1860

7. AGE: YEARS 73 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

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

10
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Unknown Rueckert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

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MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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17. INFORMANT (ADDRESS): Herman G Rueckert, 7266 Princeton Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Mausoleum DATE: Mar 15, 1934

19. UNDERTAKER (ADDRESS): Robert J Auchmuster Inc, 6633 Clayton Mo

20. FILED: 3-14, 1934 Arabel T. Engle, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933, to March 14, 1933
I last saw him alive on March 13, 1934. Death is said to have occurred on the date stated above, at 6 55 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
93C	
97	
110	

93C

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation: none — 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? ..... (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) B. R. Loving, M. D.
(Address) Ballwin, 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.