

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

Do not use this space.

APR 25 1934

PLACE OF DEATH

County.....
Township.....
City St Louis (No. City Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 11010
Registered No. 2869
St. Ward)

2. FULL NAME Henry Rucosman
(a) Residence, No. 1524 Chautau Ward. W
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 7 mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 - 1882</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>7</u>	DAYS <u>27</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	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) <u>St Louis Mo.</u>				
MOTHER FATHER	13. NAME <u>Henry Rucosman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>			
17. INFORMANT <u>Harp Lutz M. Koch</u> (ADDRESS) <u>City Ward</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>March 24, 1934</u>				
19. UNDERTAKER <u>E. J. Schurz</u> (ADDRESS) <u>3125 Lafayette Ave.</u>				
20. FILED 19 <u>24</u> <u>Bredbeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1934, to 3/21, 1934
I last saw deceased alive on 2/21, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset	
	<u>Arterio-sclerotic Heart Dis</u> <u>Chs. Myocarditis</u> <u>936</u> <u>Cardiac Decomposition</u>
	Other contributory causes of importance <u>958</u> <u>930</u>

Name of operation..... Date of.....
What test confirmed diagnosis? Aut. 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? No
If so, specify.....
(Signed) J. M. Mollman, M. D.
(Address) City Ward

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

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.

