

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.

NOV 22 1934

37261

1. PLACE OF DEATH
 County St. Louis Registration District No. 799
 Township Central Primary Registration District No. 2033^c
 City Clayton (No. St. Louis) (Ward) 7th St. Ward

2. FULL NAME Katharine Ruck
 (a) Residence, No. 8705 Rosalie St. Brentwood Ward. Brentwood
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8-1863

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>70</u>	<u>11</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

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) Mo.

MOTHER / FATHER

13. NAME Sebastian Rupp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hoffman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Lenny Ruck
 (ADDRESS) 8705 Rosalie

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Lutheran DATE 10/21/34

19. UNDERTAKER Louis Rupp
 (ADDRESS) Kirkwood Mo

20. FILED 10/21, 1934 W. B. Harkness Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18/34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Injuries - Large laceration of forehead, multiple fractures of ribs rt. side, 2nd to 4th, in the mammillary line,

Other contributory causes of importance:
fracture vertebral column, between 7th + 8th, thoracic, vertebra, punctured at lung, fractured rt. kidney

Name of operation autopsy Date of.....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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.
1038

Manner of injury L / C
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify....., 1934
 (Signed) John B. Cannon
 (Address) 3718 Junnige, Rd.,
Crown Point, Ind.,

automobile + Pedestrian
North + South road, North of
Rosalie Ave., Deceased taken
to St. Louis Co. Hospital
& pronounced dead on arrival.

Sec; - Intrathoracic
& Intra-abdominal
hemorrhage. Completely
fractured vertebral column,
with crushing of cord.

Shock + hemorrhage.

Verdict of jury: - We the
jury find Catherine Ruck
came to her death by
an automobile accident.
Therefore render an open
verdict.