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.

MAR 2 5 1935

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

Do not use this space.

791

7445

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1874

City St Louis. (No. Luthern Hospital. St. ..... Ward)

2. FULL NAME Warren W. Rule.

(a) Residence, No. 1308 Mississippi. St., 22 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 Clara Rule.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 12, 1874.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	2	13.	

OCCUPATION

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

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

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) Illinois.

FATHER

13. NAME Henry Rule.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER

15. MAIDEN NAME Abbie Wise.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT (ADDRESS) Clara Rule. 1308 Mississippi.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Charles. DATE Feb, 27 1935

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette Ave.

20. FILED FEB 26 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 25, 1935.

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1935 to 2/25, 1935

I last saw him alive on 2-4-35, 19..... Death is said to have occurred on the date stated above, at 4 A.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

108

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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto C. Hauser, M. D.

(Address) 3157a Park Av