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.

NOV 27 1935

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

Do not use this space.

37234

File No.
Registered No. 272

1. PLACE OF DEATH
County St. Louis
Township Normandy
City ~~Pine Lawn~~ (No. 4400 Jennings rd. St. Ward)

Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME Philip Ruehmkorf,
(a) Residence, No. 5391 Leo Ave. St., Ward.
(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: 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: Almeda Ruehmkorf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1867.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman R.R.
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) Ill.

FATHER
13. NAME Henry E.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophia Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank Hardt Jr.
(ADDRESS) 3221 Tamm Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 11/12/1935

19. UNDERTAKER Frehmann Harrel
(ADDRESS) 1905 Union

20. FILED 11-12- 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/1935, 19

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

Fractured skull; fracture extends around the foramen occipitale magnum on the left side. Intra-cranial hemorrhage. Multiple fractured ribs 3-4-5th ribs on rt. side, in the mamillary line, 5,6,7th on the l. side in the anterior axillary line. Fractured vertebral column (completely); severance of spinal cord.

Date of onset

Other contributory causes of importance:

Name of operation OVER 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] 11/12/35, M. D.
(Address) 3918 Jennings Rd
Coroner St. Louis Co. Mo

Fractured rt. tibia and fibula in the middle (complete compound fracture). Secondary: Extra and internal hemorrhage, severance of cord and shock.

Verdict of Jury.

Struck by auto driven by Paul D. Randazzo on Jennings Rd. near Helen Ave.

We the jurors render an open verdict for the purpose of further investigation