

FEB 11 1936

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

Do not use this space.

791

3243

471

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No.
Primary Registration District No. *1008*
(No. *St. Lukes Hosp.*)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *2925^{1/2} Victor* St., *17* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Arthur J. Henry</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 8 1889</i>		
7. AGE	YEARS <i>54</i>	MONTHS <i>6</i>
	DAYS <i>4</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife</i>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 12 1936*

22. I HEREBY CERTIFY That I attended deceased from *Aug 14*, 19*35*, to *Jan 11*, 19*36*
I last saw her alive on *Jan 11*, 19*36* Death is said to have occurred on the date stated above, at *19* m.
The principal cause of death and related causes of importance were as follows:
caner of face

Date of onset *5 yrs ago*

Other contributory causes of importance:
Pressure on base of brain

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>
	13. NAME <i>John Ruedi</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>
	15. MAIDEN NAME <i>Emma Berkeley</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>
	17. INFORMANT (ADDRESS) <i>Arthur J. Henry 2925^{1/2} Victor St.</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Picken</i> DATE <i>1-14 1936</i>
	19. UNDERTAKER (ADDRESS) <i>Wittgen & Co. 2929 S. Jefferson Ave.</i>
	20. FILED <i>JAN 13 1936</i> Registrar <i>J. Bredeck</i>

Name of operation *none* Date of operation

What test confirmed diagnosis? *Path and* Was there an autopsy? *no*

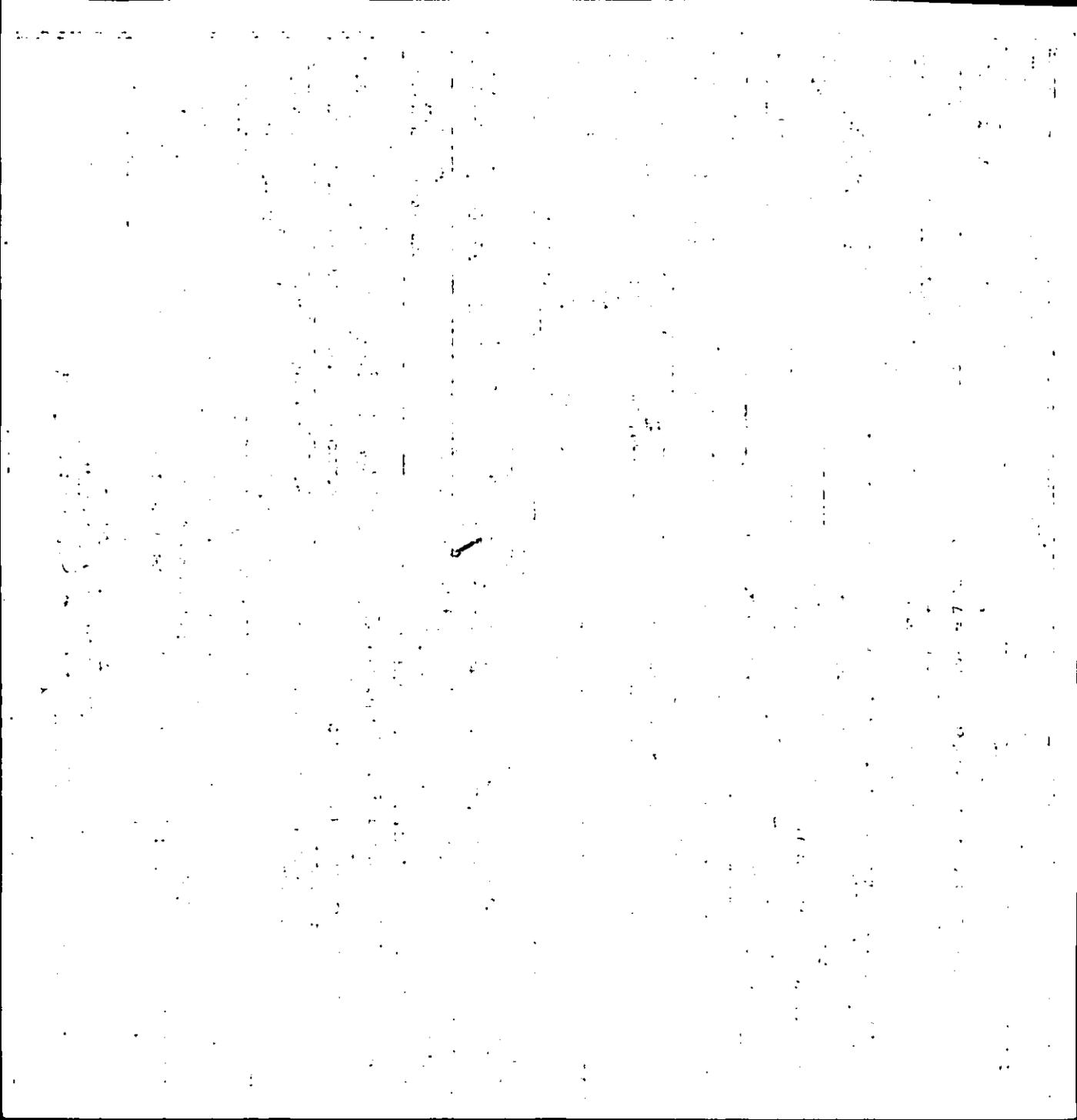
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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. J. Homan*, M. D.
(Address) *5602^{1/2} Delmar Ave St. Louis Mo*



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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2010 BY 60322 UCBAW/STP/STP

1. PLACE OF DEATH

County..... Registration District No. 1791
 Township..... Primary Registration District No. 1,003
 City St. Louis (No. St. Lukes Hospital) St. 471 Ward.....

2. FULL NAME

(a) Residence, No. 2925 Victor St. Victor Ward.....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 4

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3-11-36 J. J. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1936

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.....m.

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

Concussion face
Primary seat in base

Date of onset 5 yrs

Other contributory causes of importance:

Pressure on base of brain

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) J. J. [Signature], M. D.

(Address) 5602nd delmar Ave

SUPPLEMENT

S-3243