

FEB 11 1936

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

Do not use this space.

3569

791

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No. 1003  
City St. Louis Mo (No. Parks Loop) St. Ward

File No.....  
Registered No. 810

2. FULL NAME Dora Rueddinger

(a) Residence, No. ~~Sumnerwick~~ St. N.P. Ward. ~~Sumnerwick Mo.~~  
(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 Female  
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 Charles Rueddinger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 6 25  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife  
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.  
13. NAME Joseph Heinstach  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Markmann  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) Charles Rueddinger Sumnerwick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE Jan 25 1936  
19. UNDERTAKER (ADDRESS) James White Bros 2623 Chestnut St. St. Louis Mo.  
20. FILED IN 22 1936 19 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 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 3:50 P.M.

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

Fracture of humerus of left shoulder  
artery following gunshot wound of left shoulder caused by bullet fired from gun in hands of Mrs. Rueddinger at Sumnerwick, Mo.

Other contributory causes of importance:

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 homicidal. Date of injury 12/23/1936

Where did injury occur? Sumnerwick Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) Harold J. Delaney M.D.

(Address) 173

# 801