OCT 21 1936

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

Do not use this space.

34068

1. PLACE OF DEATH
County FRANKLIN
Township BOEUF
City BERGER (No. ..... St. ..... Ward)
Registration District No. 292
Primary Registration District No. 5-410
File No. .....
Registered No. .....

2. FULL NAME JACOB RUEDIGER
(a) Residence, No. ..... 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? 70 yrs. 7 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 31-1866
7. AGE YEARS 70 MONTHS 7 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) LITTLE BERGER MO

FATHER
13. NAME HENRY RUEDIGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME REGINA OETTERER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Ervin L Williamson BERGER, MO
18. BURIAL, CREMATION, OR REMOVAL PLACE LITTLE BERGER DATE SEP 29 1936
19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER MO
20. FILED Sept 28 1936 Joffie Aranemeyer Registrar.

MEDICAL CERTIFICATE OF DEATH 12 10 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 27 1936
22. I HEREBY CERTIFY, That I attended deceased from August 24, 1936, to Sept 27, 1936
I last saw him alive on Sept 27, 1936. Death is said to have occurred on the date stated above, at 12 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown

Other contributory causes of importance:
Diffuse Arteriosclerosis
Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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.
home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Carl A. Pace D.O., ~~M.D.~~
(Address) Berger, Mo.

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.

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