

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, MissouriCity Hospital No. 1

B. 8896

Anna Rueger

File No.....

35824

Registered No.....

9445

St.....

Ward)

2. FULL NAME

(a) Residence, No.....

2618 a St. Louis, Missouri 20

(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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLred Rueger

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

April 22 - 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

66

4

21

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.hvk9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.at home10. 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)

England

FATHER

13. NAME

Robert Sykes

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

MOTHER

15. MAIDEN NAME

Edizabeth Hollendale

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

17. INFORMANT

(ADDRESS)

Hosp. Info. M.H.KentCity Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peters Cemetery Sept. 16, 1936

19. UNDERTAKER

(ADDRESS)

Geo. L. Pfeitsch Inc.5966 Easton Ave.

20. FILED

SEP 14 1936J. H. Bredeck
Registrar.

791

1003

MEDICAL CERTIFICATE OF DEATH

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

9/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from

9/11/369/13/36, 19

I last saw h.....

her

alive on 9/13/36, 19

Death is said

to have occurred on the date stated above, at 3.15 P

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

Regenerative heart
disease

Date of onset

Other contributory causes of importance:

as cited

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.

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) Geo. J. Seibold

M. D.

(Address) City Hospital No. 1

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