

NOV 4 1936

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

Do not use this space.

393160
393160

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3831 Pennsylvania Ave. St. Ward)

File No.
Registered No. 10351
St. Ward)

2. FULL NAME

Michael Ruck,

(a) Residence, No. 3831 Pennsylvania Ave. 24 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 11 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired 25Yrs)
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) France

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Clara Durrer, (ADDRESS) 3831 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Oct. 16, 1936

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED OCT 15 1936 J. F. Bredek. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1936, to Oct. 12th 1936
Last saw him alive on Oct. 12th 1936 Death is said to have occurred on the date stated above, at 3:30 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance

Date of onset

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 J. H. W. Steuerman, M. D.
(Signed) J. H. W. Steuerman
(Address) 3108 Chippewa St.

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.

STATE DEPARTMENT WITH CHANGING INK—THIS IS A PERMANENT RECORD

