DEC 3 1936

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

Do not use this space.

43028

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 43028

Township ..... Primary Registration District No. 1003 Registered No. 11603

City St. Louis, Mo. (No. 3213, Kossuth Ave. St. ..... Ward)

2. FULL NAME Mary Ruegsegger

(a) Residence, No. 3213 Kossuth Ave. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Ernst Ruegsegger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2nd. 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Switzerland

FATHER

13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Ernst Ruegsegger
(ADDRESS) 3213 Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE 11/25/36, 19

19. UNDERTAKER Provost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED NOV 23 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) XI. 22. 36 19

22. I HEREBY CERTIFY, That I attended deceased from VI. 35, 19, to XI. 22. 36, 19

I last saw h. E.K. alive on XI. 22. 36, 19. Death is said to have occurred on the date stated above, at 4 45 P m.

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

	Date of onset
CARCINOMA OF THE ESOPHAGUS - CRICOID	1934

Other contributory causes of importance:
HEMORRHAGE FROM THE TRACHEOTOMY WOUND

Name of operation TRACHEOTOMY Date of 1935

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? No
If so, specify .....

(Signed) A. C. Stutzman, M. D.
(Address) 539 N. Grand

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.

ZOMP-2-1 X7294