

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.

JAN 20 1937

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

Do not use this space.

46877

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City St. Louis (No. Alexian Bros. Hosp)

File No.

Registered No. **12699**

2. FULL NAME Harry L. Ruckstuhl

(a) Residence, No. 4219 Clifton Ave St. 14 Ward. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence O. Ruckstuhl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Local # 611

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) St. Louis mo

13. NAME Harry Ruckstuhl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

15. MAIDEN NAME Sarah Berkebeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

17. INFORMANT (ADDRESS) Mrs. Florence Ruckstuhl 4219 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cem DATE 12-28 36

19. UNDERTAKER (ADDRESS) The Johnson Mortuaries 4228 La Tourette Highway

20. FILED **DEC 26 1936** J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Dec. 24, 1936

I last saw him alive on Dec. 24, 1936 Death is said to have occurred on the date stated above, at 9 a. m.

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

General Paralysis of the Durae Syphilitic Acute hepatitis

Other contributory causes of importance:

83

Name of operation..... Date of..... What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) Alfred J. ... M. D. (Address) 325 Frisco Bldg

