

MAR 5 - 1937

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. 791

Township

Primary Registration District No. 1008

City St. Louis, Mo.

(No.)

3232a Olive Street (Leonard Hotel)

File No. 8852

Registered No. 2313
St. Ward)

2. FULL NAME

Ray Rusch(a) Residence, No. 3709 Wesley St., Flint, Michigan
(Usual place of abode)NR 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)
Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

June 10th, 1916

7. AGE

YEARS
20MONTHS
8DAYS
15IF LESS than 1
day,hrs.
ormin.

OCCUPATION

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

Laborer

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

Common

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)Windsor,
Colorado

MOTHER FATHER

13. NAME

David Rusch

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

Russia

15. MAIDEN NAME

Catherine Rusch

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

Russia

17. INFORMANT
(ADDRESS)David Rusch
3709 Wesley St., Flint, Michigan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flint, Michigan DATE Feb March 1st 19 3719. UNDERTAKER
(ADDRESS)Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILED

FEB 26 1937

J.P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25 19 37

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Date of onset

Internal Hemorrhage & External Hemorrhage. Shot in the chest & abdomen by bullets fired from gun in home of Police Officers in the performance of their duties in St. Louis Mo.

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? not known Date of injury 2/25, 1937Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public PlaceNature of injury Shot by Police OfficersShot in the chest & abdomen

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

If so, specify

(Signed) Joseph M. Quinn M.D.(Address) Deputy Coroner

