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.

APR 27 1937

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

Do not use this space.

File No. 13657
Registered No. 64

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Jefferson — Primary Registration District No. 6248-H.
City Richmond Heights — St. Mary's Hospital — St. — Ward)

2. FULL NAME Shirley Ann Ruediger
(a) Residence, No. 3738 Hebert St. — 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1935.
7. AGE — Years: 2 — Months: — — Days: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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.

FATHER
13. NAME Henry Ruediger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Carla Kretzler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Henry Ruediger
(ADDRESS) 3738 Hebert St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gross DATE Mar 6, 1937
19. UNDERTAKER Henry Leichner Und. Co.
(ADDRESS) 1417 N Market St
20. FILED March 4, 1937. Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937
22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1937, to 3/3, 1937
I last saw her alive on 3/3, 1937. Death is said to have occurred on the date stated above, at 6:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis; intussusception	2-26-37
	3-1-37
Other contributory causes of importance: Anemia	2-28-37

Name of operation Laparotomy Date of 3/1/37
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? 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) George H. Brucer, M. D.
(Address) St. Mary's Hospital