

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**

791
1008

18717

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **5293**

City **St. Louis**

(No. **6201 Manchester (Rear)**)

St. Ward)

2. FULL NAME **William F. Ruegge**

(a) Residence, No. **6201 Manchester (rear)** St., **4** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna D. Ruegge**

22. I HEREBY CERTIFY, That I attended deceased from **May 10**, 19**37**, to **May 26**, 19**37**. I last saw him alive on **May 26**, 19**37**. Death is said to have occurred on the date stated above, at **11:25 p.m.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sep. 19 1866**

7. AGE YEARS **70** MONTHS **8** DAYS **7** IF LESS than 1 day, hrs. or min.

Chronic Myocarditis Date of onset

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. **Building**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: **Paronychia on 6th & 7th Cervical vertebrae.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Drake Missouri.**

13. NAME **Conrad Ruegge**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **II "**

17. INFORMANT (ADDRESS) **Anna D. Ruegge 6201 Manchester St. Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill Cem.** DATE **May 29 1937**

19. UNDERTAKER (ADDRESS) **Lewis B. Boyer 1454 S. Grand Blvd.**

20. **MAY 28 1937** Registrar **J. Predeck**

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..... **2**

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

If so, specify.....

(Signed) **Carl Predeck**

(Address) **1454 S. Grand Blvd.**

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.

218
16
31

Set Vertical