

JUL 8 - 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. **DePaul Hospital**)

File No. **21779**

Registered No. **5531**

St. _____ Ward)

2. FULL NAME

Infant of Walter A. & Jessie Ruthsatz,

(a) Residence, No. **5552 Ashland Ave.,** St. **6** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 2nd, 1937**

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

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.**

13. NAME **Walter A. Ruthsatz,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Jessie Murray**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Walter A. Ruthsatz,** (ADDRESS) **555a Ashland Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **June 4th, 1937**

19. UNDERTAKER (ADDRESS) **My Reicher, M.D., 1417 N. Market St.**

20. FILED **JUN 4 1937** 19 **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3rd, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 2, 1937 to June 3, 1937**

I last saw him alive on **June 3, 1937** Death is said to have occurred on the date stated above, at **6:27 a.m.**

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

Eclampsia Thyroid Stenosis Date of onset **2 days**

Other contributory causes of importance:

Name of operation..... Date of..... What test confirmed diagnosis? **Yes** 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?.....

If so, specify **Arthur Snelson, M.D.** (Signed) **2101 University St.** (Address)

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.

