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

29329
Do not use this space.

1. PLACE OF DEATH
(a) County SEP 10 1937 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 7962
(c) City St. Louis Mo. (d) Street No. City Hospital No 1. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Ruhl
(a) Residence, No. 3833 Eiler St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24 1857

7. AGE: 80 YEARS | MONTHS: 4 | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Broom Maker
9. Industry or business in which work was done, as 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: Jacob Ruhl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs J Schneider 3833 Eiler

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Church yard Aug 28 1937

19. FUNERAL DIRECTOR (ADDRESS): Thos Kutis 2906 Gravois Ave

20. FILED AUG 25 1937 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 25. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/20/37, 19, to 8/25/37, 19
I last saw her alive on 8/25/37, 19. Death is said to have occurred on the date stated above, at 12.05 a
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Rectum

Other contributory causes of importance:
Biliary Cirrhosis

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles F. Farrington, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

DUM-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Thos.Kutis, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Thos. Kutis

L. E. 1619

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)