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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
County St. Louis
Township Normandy
City St. Johns Station (No. 8740 North Ave. St. Ward)

Registration District No. 789
Primary Registration District No. 6033B

File No. 31773
Registered No. 246

2. FULL NAME Marcus Ruehmann.
(a) Residence, No. 8740 North Ave. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	9	2	

OCCUPATION
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.
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) Germany.

FATHER
13. NAME Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER
15. MAIDEN NAME Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Mrs. Katie Ruehmann 8740 North Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE September 1, 1937

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 8-31-1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1937

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 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental gun shot wound of abdomen.	8/30/30

Other contributory causes of importance:

184

Name of operation None Date of
What test confirmed diagnosis? Physical Signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/30, 1937
Where did injury occur? St. Johns Station Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Yard of home
Manner of injury Shot with gun
Nature of injury Gun shot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner, St. Louis Co.

WRITE PLAINLY, WITH UNPADING 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.

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