

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

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

32303
32303
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds.

Registration District No.
Primary Registration District No.
(d) Street No. **Deaconess Hosp.**

Registered No. **8357**

2. PRINT FULL NAME

(a) Residence, No. **4454 Taft Ave.** St. **13**
(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 **Female** 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 **Arthur G. Ruemmler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22nd, 1887**
7. AGE YEARS **50** MONTHS **1** DAYS **22** If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House - work**
9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Anton Roesch Sr.**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Caroline Vollmar**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Arthur G. Ruemmler**
4454 Taft Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Sept. 7th.**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher**
3013 Meramec Street

20. FILE **SEP 5 1937** **J. Bredeck**
Local Registrar.

THE PHYSICIAN'S ATTENDANCE

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **6:45 pm**

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

Memorandum due to fracture of pelvis and lumbar spine as a result of a collision between a Buick Sedan in which she was riding and a Chevrolet Coach driven by one Odis Sackman on Highway No. 61 between Sappington and Poplar Creek Sept 3-1937 about 5:30 pm
Other contributory causes of importance
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? **Open** Date of injury **Sept 3, 1937**
Where did injury occur? **So. Louis (St. M.)**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public place**

Manner of injury **Separate**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Thos. J. Gentry** M. D.
(Address) **Coronet**

STATEMENT BY LICENSED EMBALMER

Clarence Rochow

Licensed Embalmer No.

3093

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

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Rochow

Licensed Embalmer No.

3093

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.)