

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

OCT 14 1937

33021
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St Louis** (d) Street No. **Lutheran Hospital**
(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

Theodore F Ruehl
(a) Residence, No. **3740 Tennessee Ave** St. **16**
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 28 1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 39 6 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Elevator Helper**
9. Industry or business in which work was done, as saw mill, bank, etc. **Elevator Construction**
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 **Henry C Ruehl**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

15. MAIDEN NAME **Carolina Kloepper**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Red Bud Ill**

17. INFORMANT (ADDRESS) **Mrs Joe Kerner 3740 Tennessee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Concordia Cem Sept 30, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funeral Home 1936 St Louis Ave**

20. F. B. **1937 SEP 29 1937** **J. B. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 27 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 **3:40 A M**

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia and Fracture of the right leg, as a result of an injury received in a fall when a cable of a fire escape at 523 Chestnut Street broke about 10:15 A.M., August 20th, 1937. Accident.

Other contributory causes of importance:

Name of operation..... Date of.....
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; **accident** Date of injury **Aug 20, 37**
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public place.**

Manner of injury..... **see above**
Nature of injury..... **see above**

24. Was disease or injury in any way related to occupation of deceased? **yes**
If so, specify.....
(Signed) **Joseph M. Turner**
(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 _____

_____ Licensed Embalmer No. _____

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.)