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.

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 86 — File No. 33778

Township: Washington — Primary Registration District No. 5127 — Registered No. 60

City: (No. ½ Mi. No. of Krug Park on Savannah Road St. Ward)

2. FULL NAME Edith Ruegsegger

(a) Residence, No. Washington Twp. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chris. F. Ruegsegger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 20, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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. Joseph, Mo.

FATHER

13. NAME: — Klenk.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Germany

MOTHER

15. MAIDEN NAME: Veronica Von Almen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Switzerland

17. INFORMANT (ADDRESS): Chris. F. Ruegsegger R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Oct, 8, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Oct 7, 1937 B. W. Tadlock MD MH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1937, 19

22. I HEREBY CERTIFY, That I ~~attended deceased~~ viewed from Oct 6, 1937, to ....., 19

I last saw her alive on ....., 19 Death is said to have occurred on the date stated above, at 10.00 m. P.M.

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

acute Coronary Thrombosis 94 b — Date of onset 10/5 1937

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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? No

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg. St. Joseph, Mo.