

REC'D MAR 24 1938

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

8126
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township _____ Primary Registration District No. _____ Registered No. 343
 (c) City Rack St. Louis (d) Street No. St. Marys Hos. 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 Anthony Ruesing 252

(a) Residence, No. 5033 Davison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 19332/17/38, 1938, to 2/20/38, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 11 6

I last saw him alive on 2/20/38, 1938 Death is saidto have occurred on the date stated above, at 2:40 A.M.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -----
 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 -----

Date of onset ?

Streptococci meningitidis
Typhoid fever
Gonorrhoea
9412

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 6

Other contributory causes of importance:

FATHER 13. NAME Aloyes Ruesing 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 6Name of operation Lephor's skull Date of 2/18/38

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Ann Zapert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Aloyes Ruesing
5033 DavisonManner of injury 1

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 23, 1938

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. FUNERAL DIRECTOR (ADDRESS) Drehmann Vanal
1905 Union Blvd.(Signed) C. H. Hemmeter, M. D.20. FILED 222, 1938 J. R. Meyer, D.D. 907 (Address) St. Marys Hosp.
Local Registrar.

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 Robert M Sanford
Licensed Embalmer No. 2273

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.)