

REC'D NOV 16 1938

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

34206  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township 100B Primary Registration District No. 100B Registered No. 9192  
 (c) City St. Louis (d) Street No. 3828 Minnesota Ave. 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 John H. Rueve

(a) Residence, No. 3828 Minnesota Ave. St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Rueve  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Carrier  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired 8yrs.  
 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.

FATHER 13. NAME John B. Rueve  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Gertrude Tiggin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT John L. Rueve  
 (ADDRESS) 3828 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 SS. Peter and Paul Cem. DATE Oct. 25, 1938

19. FUNERAL DIRECTOR (NAME) J. H. Schenk  
 (ADDRESS) 2842 Meramec St.

20. FILED OCT 24 1938  
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22nd, 1938, to Oct 22nd, 1938  
 I last saw him alive on Oct 22nd, 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy)  
Arterio Sclerosis  
 Date of onset 10/22-38  
 Indefinite

Other contributory causes of importance:  
 Name of operation None Date of —  
 What test confirmed diagnosis? Autopsy 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) J. H. Schenk M. D.  
 (Address) 1544 So. Broadway

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Herman A. Gebken .....

, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Herman A. Gebken*

Licensed Embalmer No.....2120.....

P. O. Address 2842 Meramec St.

**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.)**

**If this body is not embalmed, above space should be left blank.**