

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40845
Do not use this space.

1008
Registered No. 10537

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Missouri. (d) Street No. Enroute to City Hospital #1. St. 1
(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 Henry William Ruehwedel

(a) Residence, No. St. NR Truesdale, Missouri.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Magie Ruehwedel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 28, 1874.</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>3</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Blacksmith</u>		11. Total time (years) spent in this occupation <u>50 yrs.</u>
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) <u>Dec 1938.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1938

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 12:10 PM
The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy; Chronic Interstitial Nephritis; Arterio Sclerosis.

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Truesdale,
(STATE OR COUNTRY) Missouri.

13. NAME Conrad Ruehwedel.

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

15. MAIDEN NAME Mary Buschover

16. BIRTHPLACE (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

17. INFORMANT Edna Ruehwedel
(ADDRESS) right City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE right City, Mo. DATE Dec 8, 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED DEC 6 1938
J. B. Bredbeck Local Registrar.

Name of operation Date of
What test confirmed diagnosis? 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 see above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Y
If so, specify Altered
(Signed) Alfred J. Perry
(Address) St. Louis, Mo.

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,

....., or by

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

Signed

Robert W. Kappas
Licensed Embalmer No. *1861*

P. O. Address *4700 Washington*

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.