DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30791 785

Registration District No. 701 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 1003 2
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3862 Sullivan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St Louis 10
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 3862 Sullivan Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Rullkoetter. 423
3. (b) If veteran, name war
3. (c) Social Security No. 488-03-0758

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Quernheim Rullkoetter
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) 5 (Day) 1875 (Year)

8. AGE: Years 64 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Cigar Maker 6
11. Industry or business
FATHER
12. Name Herman Rullkoetter 6
13. Birthplace Germany (City, town, or county) (State or foreign country) 6
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Marie Rullkoetter
(b) Address 3862 Sullivan Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1939 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem
18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave
19. (a) SEP 12 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1939 hour 11 minute 02 P. M.
21. I hereby certify that I attended the deceased from Sept. 3rd, 1939, to Sept 9th, 1939;
that I last saw him alive on Sept. 9th 1939, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	5 days
Due to Arterio-Sclerosis and	
Due to Hypertension	3 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul B. Webb M.D. (M. D. or other)
Address 1920 Sidney Date signed 9/11/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 1 X19511

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 Felix J. Kispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.