

OCT 20 1939

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

32366
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 307
(b) Township Beulwaee Primary Registration District No. 5425
(c) City _____ (d) Street No. _____ Registered No. _____
(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

August Henry Ruegge
(a) Residence, No. _____ 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 7 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) 2 months 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo

FATHER 13. NAME August Ruegge

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

MOTHER 15. MAIDEN NAME Caroline Nullmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo

17. INFORMANT (ADDRESS) Fred Ruegge Bay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Zion Cems DATE 10-8-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Gattenstracter Owensville Mo

20. FILED 10-6-1939 Mrs J B Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1939 to Oct. 6th 1939

I last saw him alive on Oct. 5th 1939. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Gastric Cancer

Date of onset

Don't know

Other contributory causes of importance: 46

Name of operation None Date of _____
What test confirmed diagnosis? X-ray 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) C. E. Rhodius, M. D.

278 (Address) Bay 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 *me*

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

Signed *W.F. Gettenstrater*

Licensed Embalmer No. *1446*

P. O. Address *Ossenville Mo*

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.