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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 23747
Registrar's No. 6089

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(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:
5438 Queens Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 18 years. / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Otto Herman Rueckert

3. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Rueckert 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 11, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	14	hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker - Retired 5 yrs.

11. Industry or business.....

12. Name Herman Rueckert

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Rueckert

(b) Address 5438 Queens Ave.

17. (a) Cremation (b) Date thereof July 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) JUL 26 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5438 Queens Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th,
year 1941 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 4 - 1940 to July 25, 1941,
that I last saw him alive on July 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

Other conditions Chronic nephritis
(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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature A. J. Gellinger (M. D. or other) 0

Address 2745 N. Grand St. Date signed 7/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

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17
79

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.....

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

Signed *John A. Milinar*.....
Licensed Embalmer No. *4186*.....
P. O. Address *St. Louis 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, fact should be so stated above.