V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10614

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2676

000
17
9

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

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether

In this community 58 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2027 Destrahan Street 9
(If rural, give location)

26 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Rullkoetter

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Elizabeth Nieberg

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 26 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	20	br. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Maker

11. Industry or business Harry Knollmann Mfg. Co.

FATHER
12. Name Herman Rullkoetter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Germany
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Rullkoetter Son

(b) Address 2027 Destrahan Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16

year 1948 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 3-48 3rd, 1948 to 3-16-48 1948;

that I last saw him alive on 3-16-48, 1948;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Black.	1 wk.
Due to Arterial Sclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no

Of autopsy no

PHYSICIAN

Underline the cause of 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 0

23. Signature Geo A Mellies (M. D. or other)

Address 2739 N. Grand Date signed 3/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. A. Mellios
2739 N. Grand Blvd.

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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 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.