Dr Cleveland 3326 Meramec. HS 3025

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

Do not use this space 2834

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 414

City St Louis (No. 4214, Iowa St. ..... Ward)

2. FULL NAME Clara Ruecking

(a) Residence. No. 4214 Iowa St. 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Ruecking

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-28-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) W Va.

PARENTS

10. NAME OF FATHER John Schubert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT H. Ruecking
(Address) 4214 Iowa

15. FILED 1 12 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 — 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to Jan 11, 1928 that I last saw h. alive on Jan 11, 1928, and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mellitus
59
5 +
(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary & Blood
(Signed) A H Cleveland, M. D
Jan. 12, 1928 (Address) 3326 Meramec

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Old St Marcus Cem	1-14 1928
20. UNDERTAKER	**ADDRESS**
Weick Bros 2201 Co	Grand

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.