WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

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

Do not use this space.

19436

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 10

City St. Louis (No. 3305 Caroline St. ..... St. ..... Ward)

File No. 5022

Registered No. .....

2. FULL NAME Mrs. Rose Ruger

(a) Residence. No. 3305 Caroline St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Theodore Ruger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 7, 1876

7. AGE: Years 53 | Months — | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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: At Home.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

PARENTS

10. NAME OF FATHER: Gus Pie Traschke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Bertha Suddock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Theodore Ruger
(Address) 3305 Caroline St.

15. FILED MAY -3 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-2, 1929, to ....., 19.... that I last saw her alive on 5-1, 1929, and that death occurred, on the date stated above, at 3.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) ..... yrs. — mos. 26 ds.

CONTRIBUTORY (SECONDARY): None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? Not

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings etc

(Signed) Leon C. Haile, M. D

5-3, 1929 (Address) 1005 So. Ewing.

*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: Owensville Mo

DATE OF BURIAL: May 4 1929

20. UNDERTAKER: Luegshauser Und Co

ADDRESS: 4104 Manchester

M. Bac. Hay.