

DEC 13 1937

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

39960
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No. **10947**
 (c) City **Saint Louis, Missouri.** (d) Street No. **Alexian Bros. Hospital.** St. **Mo.**
 (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 **Lester V. Ruebel.**

(a) Residence, No. **Pevely Missouri.** St. **Mo.** (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 (write the word) **Single.**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4th, 1904.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 7 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Saint Louis, Missouri.**

FATHER
 13. NAME **Charles Ruebel**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 MOTHER
 15. MAIDEN NAME **Margaret Herbst.**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Margaretha Gruner.**
 (ADDRESS) **3738 Neosho Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk.** DATE **November 29, 37**

19. FUNERAL DIRECTOR (ADDRESS) **Ziegenhein Bros. 2823 Cherokee Street.**

20. FILED **NOV 27 1937** 19 **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 26, 1937.**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Hemorrhage from gunshot of abdomen suffered when shot with gun in the hands of one John Duggan Deputy Sheriff of Jefferson County, Mo. in the performance of his official police duty about 11:15 P.M. November 25, 1937 at Pevely, Mo.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Yes** Date of injury **11/25, 1937**
 Where did injury occur? **Pevely, Mo.**
 (Specify city/or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place**
Gunshot wound
 Nature of injury **Hemorrhage**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **Joseph M. Duggan, M.D.**
 (Address) **Deputy Coroner**

WHITE 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.

I X12084

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)