

JAN 10 1938

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

43705
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 2**
(b) Township..... Primary Registration District No. **1003 1**
(c) City **St. Louis** (d) Street No. **3312 Keokuk St.** St.
(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 **Martin H. Ruebsaman**

(a) Residence, No. **3312 Keokuk St.** St. **16** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Kate Ruebsaman** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July, 12, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Supt. (Steel Dept.)**
9. Industry or business in which work was done, as saw mill, bank, etc. **St. Louis Car Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **?**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Charles Ruebsaman**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Kate Ruebsaman** (ADDRESS) **3312 Keokuk St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Oak Dale** DATE **Dec. 29th, 1937**

19. FUNERAL DIRECTOR **Wacjer-Helderle** (ADDRESS) **2331 S. Broadway**

20. **DEC 28 1937** 19 **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27th, 1937**

I HEREBY CERTIFY, That I attended deceased from **Aug 9, 1936, to Dec 27, 1937**
I last saw him alive on **Dec 27, 1937** Death is said to have occurred on the date stated above, **9.30 A.M.**
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis (generalized)

Date of onset **?**

Other contributory causes of importance: **177**

Name of operation **none** Date of _____
What test confirmed diagnosis **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **Pierce W. Power**, M. D.
(Address) **2531 So. Jefferson**

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Chylaud, Licensed Embalmer No. 2645

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

L. E.

No. 2645 or by.....
working under my personal supervision.

Registered Apprentice No.....

Signed Frank J. Chylaud
Licensed Embalmer No. 2645

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.)