

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27048

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Christian Hospital** St. **7062**
 (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

Harry Rutz
 (a) Residence, No. **3631 Cottage Ave** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF **Sarah Rutz.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 9, 1902**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
36 4 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Hamilton Barber Shop**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
1 9 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Henry Rutz**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

MOTHER 15. MAIDEN NAME **not known**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

17. INFORMANT (ADDRESS) **Mrs. Sarah Rutz, 3631 Cottage Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Highland 222** DATE **Aug 10 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. J. Iron L. U. Co. 2707 North Blvd. St. Louis**

20. FILED **AUG 9 1938** **J. F. Buechler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug, 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **8-1-38** to **8-8-38**
 I last saw him alive on **8-7-38** Death is said to have occurred on the date stated above, at **1 A. M.**

The principal cause of death and related causes of importance were as follows:
Bilateral Broncho-Pneumonia Date of onset **7/18/38**
Ac. Myocarditis caused by Bronchial Pneumonia

Other contributory causes of importance:
None
 Name of operation **None** Date of **10/7/38**
 What test confirmed diagnosis **Platy Ears** 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 **Dr. Lencze** M. D.
 (Signed) **Dr. Lencze** (Address) **4585 Natural Bridge**

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Paul F. Krollenberg, Licensed Embalmer No. 2631
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Paul F. Krollenberg
Licensed Embalmer No. 2631

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.)