

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.

DECEASED OCT 12 1938

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

30368
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 701
 (b) Township St. Louis Primary Registration District No. 7008 Registered No. 7805
 (c) City St. Louis (d) Street No. Emerson to City Hospital #1 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

Julius F. RUGE 200
 (a) Residence, No. 6824 Hancock St. 3
 (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ann Ruge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1895
 7. AGE YEARS 43 MONTHS X DAYS 30 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Credit Man
 9. Industry or business in which work was done, as saw mill, bank, etc. Furniture
 10. Date deceased last worked at this occupation (month and year) 9-1-38 11. Total time (years) spent in this occupation 1 year

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

FATHER 13. NAME Orlando Ruge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nil

MOTHER 15. MAIDEN NAME nil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nil

17. INFORMANT (ADDRESS) Ann Ruge 6561 Fryer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Sept 5 1938

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros 4259 Lindell Blvd.

20. FREE SEP - 3 1938 J. F. Brudick Local Registrar

NO PHYSICIAN CERTIFICATE REQUIRED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency with Cardiac Hypertrophy;

Other contributory causes of importance: Chronic Emphysema, Non tubercular

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? _____ 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) W. P. Perry
 (Address) W. P. Perry, Corcoran

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 *Thomas R Jewick*

Licensed Embalmer No. *3793*

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.)