

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

9220
 Do not use this space.

791
 1008

2985

REGD APR 12 1939

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... / Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. Christian Hospital 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

Conrad Ruhr
 (a) Residence, No. 2004 Adelaide Avenue St. 9
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 30, 1884</u>		
7. AGE <u>54</u>	YEARS <u>11</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Employee</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Math. Hermann & Son</u>
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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Theodore Ruhr</u>	<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>6</u>
MOTHER	15. MAIDEN NAME <u>Elizabeth Eichmann</u>	<u>6</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Louise Ruhr Smith</u> <u>2004 Adelaide Avenue</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Mar. 31, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Math. Hermann & Son</u> <u>2161 East Fair Avenue</u>		
20. FILED <u>MAR 30 1939</u> <u>J. B. Bricker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1938 to March 28, 1939
 I last saw him alive on March 27, 1939 at 4:30 AM Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:

acute myocarditis
110
 Other contributory causes of importance:
Labriette & Bronchitis
Acute nephritis caused by Labriette
Arterial Sclerosis
 Name of operation none Date of.....
 What test confirmed diagnosis? Labatory Was there an autopsy? no

Date of case
3/20/39
12/20/38

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) Alph. H. Taylor, M. D.
 (Address) 4244 W. Florissant

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buckholz*
Licensed Embalmer No. *2110 E*
P. O. Address *St Louis*

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.)

If this body is not embalmed, above space should be left blank.