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MAY 10 1939

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

13491  
Do not use this space.

791  
1003

Registered No. 3833

1. PLACE OF DEATH

(a) County ..... 2 ..... Registration District No. ....

(b) Township ..... 1 ..... Primary Registration District No. ....

(c) City or St. Louis, Missouri. (d) Street No. 5220 Alcott Ave. ..... 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 Rudolph Ruesken

(a) Residence, No. 5220 Alcott Ave. ..... St. 7 ..... (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 (OR) WIFE OF Mae Ruesken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1886.

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

52 09 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist

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) April 11 1939.

11. Total time (years) spent in this occupation. 27 yrs.

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

13. NAME Henry Ruesken

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 0

15. MAIDEN NAME Unk Hasse 0

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mae Ruesken (ADDRESS) 5220 Alcott Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 25, 19 39

19. FUNERAL DIRECTOR (NAME) John A. Genteman (ADDRESS) 5077 Durant Ave.,

20. FILED APR 25 1939 J. B. Redick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 19 39

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Coronary Thrombosis;

Arterio Sclerosis;

Other contributory causes of importance: .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) Joseph M. ... M.D.  
(Address) Deputy Coroner

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.

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**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 *Robert H. Happe*

Licensed Embalmer No. *1861*

P. O. Address.....

**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.**