

REC'D NOV 7 1939

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

36027  
Do not use this space.

1. PLACE OF DEATH *V*

(a) County *Gasconade* Registration District No. *307*

(b) Township *Boulware* Primary Registration District No. *5425* Registered No. \_\_\_\_\_

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *207* *Ruth Anna Ruegge*

(a) Residence, No. \_\_\_\_\_ St.  (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 *Female*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10 - 1917*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>21</i>	<i>11</i>	<i>28</i>	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bay Mo*

FATHER

13. NAME *August Ruegge*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bay Mo*

MOTHER

15. MAIDEN NAME *Emma Niebruegge*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bay Mo*

17. INFORMANT (ADDRESS) *Charlotte Stemberk Swiss Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bay Mo* DATE *10 - 10 - 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W.F. Gottenstrater Owensville Mo*

20. FILED *10 - 9 - 1939* *Mrs. F.B. Muel* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 8th* 1939

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 18th*, 1939, to *Oct. 8th*, 1939

I last saw her alive on *Oct. 8th*, 1939. Death is said to have occurred on the date stated above, at *11 A.M.*

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

*Burns*

*By getting scalded*

Other contributory causes of importance: *she was feeble*

*injured & pulled a boiler of hot water over her*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Burn* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accidental* Date of injury *Sept 18 1939*

Where did injury occur? *at her home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *at home*

Manner of injury *scalded by hot water*

Nature of injury *scalded the whole lower leg*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *E.H. Rhodius*, M. D.

(Address) *Bay Mo.*

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2-3  
FORM 9-19-38  
1 X16903

---

---

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W.F. Gattinoster

Licensed Embalmer No. 1444

P. O. Address Owensville Mo

**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.**