

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10592**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
En Route to City Hospital #13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County..... **17**

(c) City or town **St. Louis** **922**
(If outside city or town limits, write "RURAL")

(d) Street No. **11010 Chouteau Ave**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **William Ruegg**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 81** Months Days If less than one day
hr. min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas J. Callanan**
(b) Address **Coroners Office**

17. (a) **Burial** (b) Date thereof **Dec 19 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ols St. Marcus Cemetery Home**

18. (a) Signature of funeral director **Peetz Brothers**
(b) Address **3029 Lafayette Ave.**

19. (a) **DEC 19 1942** (b) **D. J. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **27th** day **November**
year **1942** hour **4:25** minute **A.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

1st 2nd and 3rd degree burns of entire body in a fire at 1010 Chouteau Ave when one one William Byrum knocked over a heating stove at 4:15 A.M. November 27 1942

Due to **Accident**

Other conditions..... **Damage to Building 1000.00**
(Include pregnancy within 3 months of death) **Contents 350.00**

Major findings:
Of operations..... **180**

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** **000**

(b) Date of occurrence **November 27 1942**

(c) Where did injury occur? **1010 Chouteau Ave**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **No** (Specify type of place)

(b) Means of injury **Burns**

23. Signature **Thomas J. Callanan** (M. D. or other).....
Address **Deputy Coroner** Date signed **12-19-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

942

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

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, fact should be so stated above.