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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41096**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape ¹⁶

(c) City or town Cape Girardeau ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 5 So Larimer ⁴
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME August Rueskamp

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 17 year 1947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from December 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility ³

Due to no

Due to no

Other conditions none
(Include pregnancy within 3 months of death)

4. Sex Male

5. Color or race w

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 78.55 years

7. Birth date of deceased NOV 27 - 1869
(Month) (Day) (Year)

Duration

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)

(e) Means of injury _____

8. AGE: Years Months Days If less than one day

92 0 20 hr. min.

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Fredrick Rueskamp

13. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Marie Weltering

15. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant W. Rueskamp

(b) Address Cape Girardeau

17. (a) burial (b) Date thereof 12-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Larimer Funeral

18. (a) Signature of funeral director W. S. [unclear]

(b) Address Cape Girardeau

19. (a) 1-6-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

24. Signature [unclear] (M. D. or other) MD

Address 191 N. Elm St., Cape Girardeau, Mo. Date signed 1-3-48

RECEIVED

District Health Officer No. 4

District File Number 148-50

Date Filed 1-12-48

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 W. H. Estes

Licensed Embalmer No. 8568

P. O. Address Cape Girardeau 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, fact should be so stated above.