

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

Do not use this space.

39017

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
No. 2936 Henrietta

File No.
Registered No. 11182
St. Ward

2. FULL NAME

(a) Residence, No. 2936 Henrietta St. 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1854

7. AGE YEARS 76 MONTHS 11 DAYS 6 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis Mo.

FATHER 13. NAME Francis O. Ruff

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

MOTHER 15. MAIDEN NAME Margaret Brithaupt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred H. Roosten 2936 Henrietta St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov. 7, 1931

19. UNDERTAKER (ADDRESS) M. H. Hermann 2167 East Park View

20. FILED N-V-615 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Nov 5, 1931
last saw her alive on Nov 4, 1931 Death is said

to have occurred on the date stated above, at 10:34 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no (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?

If so, specify (Signed) M. E. Sheets M. D. (Address) 4300 Michoud

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.

