

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

Do not use this space.

29896-3
175

JUN 6 1936

1. PLACE OF DEATH
 County Jefferson Registration District No. 420
 Township W 11th Primary Registration District No. 3022
 City Wentz (No. _____) St. _____ Ward _____

2. FULL NAME John Henry Ralffing
 (a) Residence, No. 414 N. 4th St. Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Ralffing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

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) Oct. 1932 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

13. NAME Henry Ralffing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

15. MAIDEN NAME Katherine Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

17. INFORMANT (ADDRESS) Dr. Joseph Ralffing

18. BURIAL, CREMATION, OR REMOVAL PLACE W. 11th DATE Sept 26 1935

19. UNDERTAKER (ADDRESS) Wentz

20. FILED 9-24 1935 Wentz
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Sept 24, 1935.
 I last saw him alive on Sept 24, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypoclastic pneumonia
Heart failure
Eczema, Hypertension

Other contributory causes of importance _____

Name of operation _____ 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? _____ 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) Mary Ann M. Miller
 (Address) W. 11th - No

Date of onset 9/24/35
?

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

