FILED APR 12 1939

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

791
1003

Do not use this space. 9035

2800

1. PLACE OF DEATH

(a) County 2

(b) Township 1

Registration District No.

Primary Registration District No.

Registered No.

(c) City St. Louis (d) Street No. 2100 Franklin Ave. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Mary Rasco

(a) Residence, No. 2100 Franklin Ave. St. 21

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51 ~~52~~	6	3	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

FATHER

13. NAME Iassac Ruffing 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

MOTHER

15. MAIDEN NAME Alice ? 1

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

17. INFORMANT Lillie May Wilson
(ADDRESS) 2100 Franklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 3/26/39, 19

19. FUNERAL DIRECTOR (NAME) Mary Wade
(ADDRESS) 4202 Finney Ave

20. FILED MAR 24 1939 J. F. Budesa Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 21, 1939

I last saw h. alive on March 21, 1939. Death is said to have occurred on the date stated above, at 1:05 A. m.

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

	Date of onset
Cerebral hemorrhage	3-20-1939
Other contributory causes of importance: malignant Hypertension	NOV. 1938

Name of operation none Date of

What test confirmed diagnosis? Clinical 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 no

(Signed) Julius C. Sherard, M. D.

(Address) 1635a Carr St.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

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 L J Watson

Licensed Embalmer No. 269 J

P. O. Address 2719 Chouteau

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.