

Primary Registration District No. 1003

FILED JAN 24 1942 791
Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
17 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2815 Stoddard
(If rural, give location) 5
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20, 1941
year _____ hour _____ minute 30 P. M.
21. I hereby certify that I attended the deceased from December 17,
1941 to December 20, 1941;
that I last saw him alive on December 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Pulmonary Tuberculosis Unk

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N. Whittier Date signed 12/22/41

3. (a) PRINT FULL NAME Roy Ruffin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-14-7765

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased May 15 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business C. C. Camp U.S.

12. Name Add Ruffin

13. Birthplace Halls Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Metilda Johnson

15. Birthplace Sulligent Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Metilda Puffer

(b) Address 2815 Stoddard

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director: J. P. Richardson

(b) Address 2625 Glasgow

19. (a) DEC 23 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 *J. P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address: *2625 Glasgow*

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.