V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 786

FILED FEB 24 1942

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 575

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2861 So. 13th. St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ural Ruff

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-9714

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Ruth

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Oct. 28 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	2	20	hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Not stated

FATHER
12. Name Louis Ruff
13. Birthplace Waterloo (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Bertha Pottoff
15. Birthplace Waterloo (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Ruth Ruff

(b) Address 2861 S. 13th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3043 Meramec St.

19. (a) JAN 19 1942 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th year 1942 hour 2:10 minute 0 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Fury M.D. (M. D. or other)

Address Deputy Coroner Date signed 1/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.