

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 730

DEAD APR 15 1948

784

101

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Chesterfield
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Nancy Rufkahr

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex female / race white
5. Color or white
6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Oct. 7 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 18 hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER
12. Name Fred Rufkahr
13. Birthplace Chesterfield Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Edna Fissell
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Rufkahr
(b) Address Chesterfield, Mo.

17. (a) Burial (b) Date thereof Mar-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Paul Schradw. Burial Home

18. (a) Signature of funeral director Dallwin, Mo.
(b) Address

19. (a) 3-27-43 (b) E. G. Gauran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25
year 1943 hour 6 minute :30 a.m.

21. I hereby certify that I attended the deceased from 3-22-43
to 3-25-43, 19...
that I last saw her alive on 3-25-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death:
Respiratory failure due to Broncho pneumonia
Due to...
Due to...

Other conditions. (Include pregnancy within 3 months of death)
Stomach

Major findings: Of operations
Of autopsy Bronchopneumonia
107

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. H. Sperry (M. D. or other M. D.)
Address St. Louis, Mo. 730 Date signed 3-25-43

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
22
3

26

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: *Geo. Shaded*
Licensed Embalmer No. *3066*
P. O. Address *Dalhousie, Me*

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.