

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED AUG 14 1949

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1833

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis BADEN SPA.  
(c) Name of hospital or institution: Halls Ferry Memor. Hosp.  
(d) Length of stay: In hospital or institution 2 yrs. 2 Mos.  
In this community 89 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 6216a Loran 7  
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Mrs. Catherine Rufe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George Rufe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6, 1854

8. AGE: Years 89 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri

10. Usual occupation Inactive

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Sigmund  
13. Birthplace Germany  
14. Maiden name Margaret Mint  
15. Birthplace Germany

16. (a) Informant Mr. Hugh B. Watson  
(b) Address 6216a Loran

17. (a) Burial (b) Date thereof Aug. 11, 1943  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) AUG 11 1949 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1943 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1-4 to Aug 7, 1943, that I last saw her alive on Aug 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_

Due to Senility & Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93%

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Phillip S. Shaver (M. D. or other) 5  
Address 7932 Maryland Date signed 8-9-49

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

26000

Dr. Nellie Shaver  
4932 Maryland

2-6 Daily

---

---

**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.....

Licensed Embalmer No. 2737

P. O. Address 1936 St. Louis

**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.**