S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18244

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 1303

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 111 N. Clay (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 111 N. Clay (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ruby Eva Saunders

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 married

6. (b) Name of husband or wife Eugene Saunders

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

7. Birth date of deceased March (Month) 10 (Day) 1899 (Year)

8. AGE: Years 46 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John L. Young
13. Birthplace Decatur (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Maud E Studer Peoria
15. Birthplace Peoria (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Eugene Saunders

(b) Address 111 N. Clay

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Mon Cemetery

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson Mo

19. (a) JUN 7 1945 (Date received local registrar) (b) E. C. McCavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 (2) year 1945 hour 2 minute 2 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 Hemoperitoneum

Due to Rupture of the urinary bladder

Due to 1356

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hemoperitoneum; rupture of the urinary bladder

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) Unknown

(b) Date of occurrence Unknown

(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 H. S. Brey for G. M. D. Pathologist (M. D. or other)

Address 60 Brentwood Date signed 6/6/45

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(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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 John Kettler

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo.

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.