. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29466

FILED SEP 2 1947

Registration District No. 318 #72851

Primary Registration District No. 1003

Registrar's No. 7850

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (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 Iron 47

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

(d) Street No. N.B. Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ora Zena Ruble

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jack Ruble

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 12 (Day) 1891 (Year)

8. AGE: Years 55 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Puxico (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Andrew J. Hicks
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisie Ramsey
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Jess Ruble

(b) Address Minimum, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)

(c) Place: burial or cremation Minimum, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th year 1947 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from 8/9/47, 19, to Aug. 14th, 1947; that I last saw her alive on Aug. 14th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Fibrosarcoma retroperitoneal

Due to Bronchopneumonia

Other conditions (Include pregnancy within 3 months of death) Hydrothorax bilateral

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Rocco F. Morton, M.D. 1515 Lafayette (8/15/47)

Address Date signed

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John L. Kennedy

Licensed Embalmer No. 4194 J

P. O.. Address.....

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.