

No. 2  
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5-17-39  
1 X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40056**

FILED NOV 28 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10430**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes 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)

3. (a) PRINT FULL NAME Ruby Elaine Percich

3. (b) If veteran, name war NONE 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife JAMES A 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased JAN 1 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 10 9 hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE CLERK

11. Industry or business C.V. MOSBY PRTG. CO

MOTHER FATHER

12. Name NOEL G. GEORGE

13. Birthplace MO  
(City, town, or county) (State or foreign country)

14. Maiden name RUBY WARREN

15. Birthplace RICHLAND MO  
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES A. PERCICH

(b) Address 4560 FLAD AVE.

17. (a) BURIAL (b) Date thereof 11-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4428 SO. KINGSHIGHWAY

19. (a) NOV 12 1947 J. F. Bradish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4560 FLAD AVE 9  
17 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10  
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 7  
1947 to November 10, 1947  
that I last saw her alive on November 10, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, monocytic, acute Duration 3 mo.

Due to.....  
Due to..... 7/4

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

Major findings: Of operations.....

Of autopsy None performed

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) (c) Means of injury..... 0

23. Signature F. Bradley (M. D. or other) 0  
Address Barnes Hospital Date signed 11/11/47

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**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.....

*Richard W. Stovesand*

Licensed Embalmer No.....

*4007*

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.**