FILED MAR 16 1950

THE DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11027

Registrar's No. 2207

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH

a. COUNTY: ~~St. Louis, Missouri~~

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1846 O'fallon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

d. STREET ADDRESS (If rural, give location): 1840 O'Fallon

3. NAME OF DECEASED (Type or Print)

a. (First): Esther

b. (Middle):

c. (Last): Ruffin

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 4 1901

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 7, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Poultry House

11. BIRTHPLACE (State or foreign country): Cullumburg, Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Willie Ware

13b. MOTHER'S MAIDEN NAME: Henrietta Otsie

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Influenza

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 480X

22. *I hereby certify that I attended the deceased from* Feb 28, 1950, *to* March 3, 1950, *that I last saw the deceased alive on* March 2, 1950, *and that death occurred at* 10:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ya Cadene A Hill MD

23b. ADDRESS: 1417 Franklin St Louis

23c. DATE SIGNED: 3-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/10/50

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: MAR 7 1950

REGISTRAR'S SIGNATURE: J. B. Sabater

25. FUNERAL DIRECTOR'S SIGNATURE: E B Loomis — ADDRESS: 1221 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence Crooms

Licensed Embalmer No. 4725

P. O. Address 1221 N Brown

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.