

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29986

State File No.

FILED SEP 8 - 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8055

| | | | |
|---|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>420 Main St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelmina</u> b. (Middle) <u>Ernestine</u> c. (Last) <u>Ruffer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 1, 1875</u> |
| 9. AGE (in years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Schools</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Saxony, Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Fred Ruffer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ernestine Goldamer</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ida Ruffer, Festus, Mo.</u> | | 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serum hepatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>E951X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5/11, 1952</u> , to <u>8/24, 1952</u> , that I last saw the deceased alive on <u>8/24, 1952</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above. <u>40</u> | | | |
| 23a. SIGNATURE <u>Robert Cairns</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>3720 Washington St. Louis</u> | |
| 23c. DATE SIGNED <u>8/25/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>8-24-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u> | | 24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Vinyard Funeral Home</u> | | ADDRESS <u>Festus, Mo.</u> | |

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

Serum hepatitis

SEP 13 1964

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 John S. Henneke

Licensed Embalmer No. 4194

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.