

FILED MAR 27 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **10290**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Saint Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>315 South Third St.</b>				e. STREET ADDRESS (If rural, give location) <b>315 South Third St.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophia</b>			b. (Middle) <b>Ruf</b>		c. (Last) <b>Ruf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>May 10, 1881</b>		9. AGE (In years) <b>74</b>	Months <b>10</b>	Days <b>9</b>	If UNDER 1 YEAR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Wendelin Ruf</b>			13b. MOTHER'S MAIDEN NAME <b>Theresa Neger</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rt. Rev. A. T. Strauss, St. Charles,</b>					ADDRESS <b>St. Charles,</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>None</b>						
DUE TO (c) <b>None</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>						
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? <b>4200</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>None</b>		(COUNTY) <b>None</b>		(STATE) <b>None</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>						
22. I hereby certify that I attended the deceased from <b>January, 1956</b> , to <b>March, 1956</b> that I last saw the deceased alive on <b>March 19, 1956</b> and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.										
23. SIGNATURE (Degree or title) <b>Don Z. Randall, M.D.</b>				23b. ADDRESS <b>207 N. 5th St. St. Charles, Mo.</b>			23c. DATE SIGNED <b>March 20, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 21, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saint Peter's Cemetery</b>		24d. LOCATION (City, town, or county) <b>Saint Charles, Mo.</b>			(State) <b>Mo.</b>		
DATE REC'D BY LOCAL REG. <b>March 20 1956</b>		REGISTRAR'S SIGNATURE <b>Gannie Hamilton</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Dellinger</b> ADDRESS <b>St. Charles, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank R. Amador*

Licensed Embalmer No. 4

P.O. Address.....  
*St. C*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.