

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 3058 Registrar's No. 34

STATE FILE NUMBER

AMENDED

FILED JUN 13 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

|   |  |   |  |   |  |  |   |  |                             |   |  |                |  |
|---|--|---|--|---|--|--|---|--|-----------------------------|---|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Charles  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY St. Charles                               |  |  |   |  |                             |   |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Charles  |  | Length of stay in 1b  |  | c. CITY OR TOWN St. Charles   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |                             |   |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 519 So. Fifth St.  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br>519 So. Fifth St. |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                             |   |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>William J. Ruff   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br>May 28, 1961  |  |  |   |  |                             |   |  |                |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>White   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>Mar. 4, 1894   |   | 9. AGE (last birthday)<br>67   |                             | IF UNDER 1 YEAR<br>Months Days Hours Min.<br>2 24 |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Carpenter  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Construction   |  | 11. BIRTHPLACE (City and state or country)<br>St. Charles County, Mo.                |   | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.  |                             |   |  |                |  |
| 13a. FATHER'S NAME<br>William Ruff  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br>Emma Zerr  |  |  |   | 14. NAME OF HUSBAND OR WIFE<br>Ottilia Knaust  |                             |   |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  |   |  |   |  | 17. INFORMANT Address Mo.<br>Mrs. Ottilia Ruff, St. Charles,                         |   |  |                             |   |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) EVIDENT NATURAL CAUSES<br>DUE TO (b) DR. J. CANTY FOUND RUFF DEAD<br>DUE TO (c) AT 5:10 A.M. - CORONER NOTIFIED - |  |   |  |   |  |  |   |  |                             | INTERVAL BETWEEN ONSET AND DEATH                  |  |                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                             |   |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |  |                             |   |  |                |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |  |   |  |   |  |  |   |  |                             |   |  |                |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |   | STATE  |                             |   |  |                |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at ABOUT 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.                                       |  |   |  |   |  |  |   |  |                             |   |  |                |  |
| 22a. SIGNATURE (Degree or title)<br>Marceen Wilson R. Leg   |  |   |  |   |  | 22b. ADDRESS<br>902 HOLLY ST. CHARLES  |   |  | 22c. DATE SIGNED<br>5/29/61 |   |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 23b. DATE<br>May 30, 1961   |  | 23c. NAME OF CEMETERY OR CREMATORY<br>St. Feter Cemetery  |  | 23d. LOCATION (City, town, or county) (State)<br>St. Charles, Mo.                    |   |  |                             |   |  |                |  |
| 24. FUNERAL DIRECTOR ADDRESS Mo.<br>H.C. Dallmeyer & Sons, St. Charles,   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br>May 29-61   |  | 26. REGISTRAR'S SIGNATURE<br>Marceen Wilson  |   |  |                             |   |  |                |  |

AUG 31 1961

JUN 14 1961

JUL 18 1961

**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

Licensed Embalmer No. 4835

P. O. Address St Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.