

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2941

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5859^a Cote Brilliant Ave. St. 6 Ward)

File No.
 Registered No. 527

2. FULL NAME Anna Ruchman
 (a) Residence. No. 5859^a Cote Brilliant Ave. 6 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Ruchman

17. I HEREBY CERTIFY, That I attended deceased from Ala., 1927, to Jan. 14, 1928, that I last saw her alive on Jan. 14, 1928, and that death occurred, on the date stated above, at 1.20 AM.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1834

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	93	0	24	

Chronic Myocarditis
936
1102 90B
 (duration) 10 yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Old Age
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Jacob Weber

9 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Don't know

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. A. Fisher, M. D.
 , 19 (Address) 5985 Easton Ave

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mr. Theo Ruchman
 (Address) 5859^a Cote Brilliant

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Pickers **DATE OF BURIAL** 1-17 1928

15. FILED JAN 16 1928 Max Starkloff
 REGISTRAR

20. UNDERTAKER Geo. L. Pleitseh **ADDRESS** 5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Example 2