WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3285

1. PLACE OF DEATH
County ST Louis - Mo. Registration District No. 791 File No.
Township Primary Registration District No. 1003 Registered No. 911
City ST Louis (No. St Marys Infirmary St. Ward)

2. FULL NAME John Ruby
(a) Residence. No. Potosi - Mo. St. 22 Ward. Potosi Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Ruby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19th 1857

7. AGE: Years 70 Months 8 Days 5 If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Unknown Ruby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs John Liefeld
(Address) 1808 Hogan St

15. FILED: JAN 25 1928 Mary C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/24/28. 19

17. I HEREBY CERTIFY, That I attended deceased from 1/20/28, 19, to 1/24/28, 19, that I last saw h. alive on 1/24/28, 19, and that death occurred, on the date stated above, at 3 30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
① ACUTE CARDIAC Dilatation
② CARDIAC INFARCT (?).
93C
94B
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension c̄ Chronic myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J Earl Smith, M. D
1/24, 1928 (Address) St Marys INF.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Potosi Mo
DATE OF BURIAL: 1-25 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St