

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

Do not use this space.

19162

**1. PLACE OF DEATH**

County St. Louis Registration District No. 79H  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 500) So. Kingshighway St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 5587

**2. FULL NAME Ruth Radcliffe**

(a) Residence. No. 621 Derby St. St. 12 Ward. St. Louis Co. Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>✓</u>		
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-23-26</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>0</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Radcliffe

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

12. MAIDEN NAME OF MOTHER Lucile Wheeler

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

14. INFORMANT L. M. Kell  
 (Address) Childrens Hosp-300 So. Kingshighway

15. FILED 23 10 28 19 Blair C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21 19 28

17. I HEREBY CERTIFY, That I attended deceased from 5-16....., 1928, to 5-21, 1928 that I last saw h. ✓ alive on 5-21, 1928, and that death occurred, on the date stated above, at 8:35 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Streptococci Meningitis  
79H (duration) yrs. mos. 8 ds.  
 CONTRIBUTORY (SECONDARY) 710A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Cholera P.P.T.  
5/21, 28 (Signed) Russell G. Bond  
St. Childrens Hosp

\*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 Dak Grove Cem. DATE OF BURIAL 5-23 19 28

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave.

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.

