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.

22564

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township St. Louis Primary Registration District No. 1003 Registered No. 6783

City St. Louis (No. City Hospital #2 St. .... Ward)

2. FULL NAME Robert Rufus

(a) Residence. No. 2751a Market St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male	2
4. COLOR OR RACE: Col.	16. DATE OF DEATH (month, day and year) 6-5- 1928
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	17. I HEREBY CERTIFY, That I attended deceased from 3-22- 1928, to 6-5- 1928 that I last saw h... alive on 6-5- 1928, and that death occurred, on the date stated above, at 6:15 AM m.
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of	THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Heart Disease (Mitrial and Aortic) Insufficiency (duration) yrs. 4 mos. ds.
6. DATE OF BIRTH (month, day and year): Jan. 3 1893	CONTRIBUTORY (SECONDARY) .... 90A (duration) yrs. mos. ds.
7. AGE: Years 35, Months 5, Days 2. If LESS than 1 day, ... hrs. or ... min.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Waiter 92B 928	0 Did an operation precede death? no Date of ....
(b) General nature of industry, business, or establishment in which employed (or employer)	Was there an autopsy? no
(c) Name of employer	What test confirmed diagnosis? Clinical
9. BIRTHPLACE (city or town) (State or country): Ark.	(Signed) T. E. Cunningham, M. D
PARENTS 10. NAME OF FATHER: Johnnie Rufus	, 19 (Address) 2945 Lawton
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ark.	*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.
12. MAIDEN NAME OF MOTHER: Della Sharp	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Louis
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ark.	DATE OF BURIAL: 6-8 1928
14. INFORMANT: Anna F. Woodard (Address) City Hospital #2	20. UNDERTAKER: W. Richter
15. FILED 28 ..., 19 ... Max C. Starkloff REGISTRAR	ADDRESS: 3520 Bridger