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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25199

Township ..... Primary Registration District No. 1003 Registered No. 6993

City St. Louis Mo. (No. St. Anthony Hosp. St. ..... Ward)

2. FULL NAME Sophia J. Rueve

(a) Residence. No. 3828 Minnesota St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13 - 1868

7. AGE: 60 YEARS, 4 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) St. Louis Mo.

PARENTS
10. NAME OF FATHER Leonard Roos
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 John St. Rueve
(Address) 3828 Minnesota Ave.

15. FILED JUL -5 1928 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to July 4th, 1928, that I last saw her alive on July 3rd, 1928, and that death occurred, on the date stated above, at 7:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism of Coronary
Artery
57
59
94B
(duration) — yrs. — mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus & Carcinoma
right breast (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED her home
IF NOT AT PLACE OF DEATH? 3828 Minnesota Ave
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 28th 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

7/4, 1928 (Signed) W. A. Fries, M. D
(Address) 1544 South Broadway

*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: S. S. Peter & Paul
DATE OF BURIAL: 7-6- 1928.

20. UNDERTAKER: Ziegenhein Bros.
ADDRESS: 2623 Cherokee St.