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

Do not use this space.

3543

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 118

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME John Wesley Ruffner

(a) Residence. No. 727 Veronica St., 12 Ward. East St. Louis, Ill.
(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: Lora Ruffner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 29, 1862

7. AGE: 66 YEARS, MONTHS: 3, DAYS: 3, If LESS than 1 day, ... hrs. or ..... min.

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

45 A
45 F
53 F

9. BIRTHPLACE (CITY OR TOWN): Fort Wayne
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Benj. Franklin Ruffner

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

12. MAIDEN NAME OF MOTHER: Christina Cauffman

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

14. INFORMANT: Jno B Ruffner
(Address): 727 Veronica Ave. E. St. Louis

15. FILED JAN -3 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1927, to Jan. 2, 1929 that I last saw him alive on Jan. 1, 1929, and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CARCINOMA OF THROAT; CARCINOMA OF LIP WITH METASTASES TO GLANDS OF NECK (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): HEMORRHAGE (duration) yrs. mos. 7 ds.

44 W

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

DID AN OPERATION PRECEDE DEATH? YES. DATE OF SEPT. 10, 1928

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? MICROSCOPIC AND CLINICAL

(Signed) Louis H. Jorstad, M. D.

1/3, 1929 (Address) 508 No. GRAND BLVD

*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: Mt. Hope East St. Louis, Ill.
DATE OF BURIAL: Jan. 5 1929

20. UNDERTAKER: Kurrus Underta King Co.
ADDRESS: E. St. Louis

V. M. Kurrus Secy

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Jorstad 3427 Wash. Metro. Bldg.

Jeff 5470 13-1

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