MAY 2 1929

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

Do not use this space.

12253

1. PLACE OF DEATH
County St. Louis
Township Richmond Heights
City
Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Marys Hospital St. Ward)
File No.
Registered No. 835

2. FULL NAME Mary Ruoff
(a) Residence. No. 1127 Blendon Place. St., Ward.
(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: 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: Charles F. Ruoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1873 ?????

7. AGE: About 56 years old. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(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): Hermann, Mo.

PARENTS
10. NAME OF FATHER: George Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: ----Schafer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Charles F. Ruoff
(Address): 1127 Blendon Place.

15. FILED 3/23, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to March 22, 1929, that I last saw her alive on March 22, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
12 Pulmonary Embolus
59
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Cholelithiasis & Diabetes
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Feb 28-29
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Operator
(Signed) William T. Dean, M.D.
, 19 (Address) 1482 Hodiamont Av

*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: Calvary Cemetery.
DATE OF BURIAL: March 26-29

20. UNDERTAKER: Chas. L. Geraghty.
ADDRESS: 4822 Easton

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.