JUN 28, 1929

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

Do not use this space. 19377

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet, — Primary Registration District No. 6248 G — Registered No. 214
City (No. Yaeger. Road St. Ward)

2. FULL NAME Edna. J. Ruder.
(a) Residence. No. Sappington. Mo. 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.

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.

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 XXXXXXXXXX HUSBAND OF XX (OR) WIFE OF Herbert, Ruder.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 13, -1900.

7. AGE: 28 YEARS — MONTHS: 11 — DAYS: 16 — 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): Missouri.

PARENTS
10. NAME OF FATHER: Wm. Franke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Lena. Meyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

14. INFORMANT: Wm. Franke.
(Address) Jefferson. Barracks. Mo. R.F.D.

15. FILED May 31, 1929 L. C. Obrodt #8 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 29, -1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Transition (automobile accident)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fractured Skull.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yaeger Road 209
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? ~~Physical Signs~~ No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) John C. Kennell, M.D.
5/31, 1929 (Address) Coroner of St. Louis County

*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: St. Lucas, Cemetery
DATE OF BURIAL: June 1 1929

20. UNDERTAKER: Louis H. Bopp. Louis H. Bopp
ADDRESS: Kirkwood, Mo.