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

Do not use this space.

26197

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 7403

2. FULL NAME Ruth Elizabeth Siebke

(a) Residence. No. 4215 Jennings Road St., 10 Ward. St. Louis Co. Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Siebke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35	3	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jersey Co., Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Murray Ferguson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fidelity
(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Katharine Kraner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Macoupin Co., Ill

14. INFORMANT Christ Siebke
(Address) 4215 Jennings Road

15. FILED ....., 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1929, to July 15, 1929, that I last saw her alive on July 15, 1929 and that death occurred, on the date stated above, at 5:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilation

1394

1396

956 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Posterior ovarian cyst & infected flopain tub. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED non Malignant

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 10-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N. Shaver, M. D.

, 19 (Address) 2800 - N - Taylor

*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	DATE OF BURIAL
New Bethlehem Cemetery	July 17 1929

20. UNDERTAKER	ADDRESS
Theo H Beiderwieden	1936 St. Louis

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.

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