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

Do not use this space.

8186

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 7222a Pennsylvania ave St. ..... Ward)

File No. .....

Registered No. 2574

2. FULL NAME Vernell Ruhl

(a) Residence. No. ..... St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	2	1	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Ruhl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Leona Simon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT John Ruhl
(Address) 7222a Pennsylvania

15. FEB 26 1931 FILED 19 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 24, 1931 that I last saw her alive on 2/23, 1931, and that death occurred, on the date stated above, at 12.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
Primary

107A (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) 107a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... (1)

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Albert J. Griot, M. D.

, 19 (Address) 3109 S. 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	DATE OF BURIAL
Mt. Hope Cem.	2/26 1931

20. UNDERTAKER	ADDRESS
C. Hoffmeister U & L Co	7814 S Broadway

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.