

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

Do not use this space.

20837

**1. PLACE OF DEATH**

County ..... Registration District No. **79A**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Mo. Baptist Hospital**) St. ..... Ward)

**2. FULL NAME**

(a) Residence No. **5887<sup>a</sup> Etzel** St. **5** Ward. (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elizabeth Ruth</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 21, 1860</b>		
7. AGE	YEARS <b>71</b>	MONTHS <b>6</b>
	DAYS <b>11</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Proprietor</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Dry Goods Store</b>	
	10. Date deceased last worked at this occupation (month and year) <b>June 1930</b>	
	11. Total time (years) spent in this occupation <b>10</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Texas 2</b>		
MOTHER	13. NAME <b>Rufus Ruth</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Texas</b>	
	15. MAIDEN NAME <b>Adeline Mc Cluskey</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Texas</b>	
17. INFORMANT <b>Mrs. Patricia Farragher</b> (ADDRESS) <b>2887<sup>a</sup> Etzel</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peter's Cemetery</b> DATE <b>June 4, 1932</b>		
19. UNDERTAKER <b>Shepard Funeral Home</b> (ADDRESS) <b>267-69 Hamilton Ave</b>		
20. FILED IN <b>3-100-19</b> JUN 15 1932 M. C. St. Martin Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2, 1932**

22. I HEREBY CERTIFY, that I attended deceased from **May 25, 1932** to **June 2, 1932**  
 I last saw him alive on **June 1st, 1932** Death is said to have occurred on the date stated above, at **6:35 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Pneumo - Pneumonia (acute)** Date of onset **May 30-31**  
**920**  
**1078**  
**113** **93**  
 Other contributory causes of importance:  
**Myocarditis (chr)** ?  
**Pulmonary Emphysema chr** ?  
 Name of operation **none** Date of .....  
 What test confirmed diagnosis? **Repression** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **(D)** Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify **Robert G. Warner** M.  
 (Signed) **Robert G. Warner** M.  
 (Address) **575 Frisco Bldg**  
**St. Louis, Mo**

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.

