

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

Do not use this space.

**33967**

**1. PLACE OF DEATH**

County..... Registration District No. *701*  
Township..... Primary Registration District No. *21*  
City *St. Louis* (No. *2939a*) *Rickson*

File No. ....  
Registered No. **9312**  
St. .... Ward

**2. FULL NAME**

*Ruth Wilson Monroe*  
(a) Residence, No. *2939a* *Rickson* St., *21* 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 *female* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 13-1880*

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
	<i>52</i>	<i>7</i>	<i>2</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *factory labor*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *nut factory* 52  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

FATHER 13. NAME *Iron Wilson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

MOTHER 15. MAIDEN NAME *Easter Abbott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

17. INFORMANT (ADDRESS) *Sophia Hines 2700 Wash St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Dale* DATE *Oct 21*, 19*32*

19. UNDERTAKER (ADDRESS) *Perment son 2700 Wash St*

20. FILED *Oct 20 1932* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-15-1932*

22. I HEREBY CERTIFY, that I attended deceased from *May 21, 1932*, to *Oct 15*, 19*32*  
I last saw her alive on *Oct 10*, 19*32*. Death is said to have occurred on the date stated above, at *8 A. m.*

The principal cause of death and related causes of importance were as follows:

*Mitral Insufficiency*  
*92 W*  
Other contributory causes of importance:  
Date of onset *5 mo*

Name of operation *clinical* Date of  
What test confirmed diagnosis *clinical* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 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

(Signed) *Vincent J. Mueller*, M. D.  
(Address) *2335 Franklins*

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.

