

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

Do not use this space.

21019

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township Cassdale Primary Registration District No. 6248 B
 City Koch, Mo. (No. Koch Hospital) St. _____ Ward _____

2. FULL NAME

Harman Ruff
 (a) Residence, No. 8125-1 Broadway St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber
 10. Date deceased last worked at this occupation (month and year) 2 yrs ago
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Wm Ruff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ruff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Patents History

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 6-23 1933

19. UNDERTAKER (ADDRESS) Southern Grand Blvd

20. FILED June 22, 1933 L. C. Obrock M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933, to June 21 1933

I last saw him alive on June 20 1933. Death is said to have occurred on the date stated above, at 6:30 m.

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

Primary Tuberculosis
3312
43-23
 Other contributory causes of importance:
Chronic myocarditis
Chronic passive congestion of the liver

Date of onset about 2 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933

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? _____

If so, specify _____ (Signed) Stanley R. Bennett, M. D.
 (Address) Koch, 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.

JUL 21 1933

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