

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 5701
 Township..... Primary Registration District No. St. Ann's Hosp.
 City St. Louis (No. St. Ann's Hosp.) St. 5701 Ward 5701

File No. **21569**
 Registered No. **5365**

2. FULL NAME

Joseph Ruffaha
 (a) Residence, No. 9023 Argyle Ave. St. 12 Ward. Overland, 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 Male
 4. COLOR OR RACE White
 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) June 19, 1933
 7. AGE YEARS MONTHS DAYS 12 10 10 10
 LESS than 1 day, ... hrs. or ... min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) St. Louis Missouri

FATHER
 13. NAME Henry B. Ruffaha

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

MOTHER
 15. MAIDEN NAME Hilma Heinse

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

17. INFORMANT (ADDRESS) Henry Ruffaha 9023 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles, Mo. DATE June 20, 1933

19. UNDERTAKER (ADDRESS) Wm. W. Hodgson Ave.

20. FILED June 21, 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to June 20, 1933
 I last saw him alive on June 20, 1933. Death is said to have occurred on the date stated above, at 9:21 a.m.
 The principal cause of death and related causes of importance were as follows:

acute myocarditis about 28-29 weeks gestation.
abruptio placentae.
chronic nephritis of mother.
 Date of onset: 6/19/33
 Other contributory causes of importance: 157

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....

(Signed) Percy H. Swahlen, M. D.
 (Address) St. Ann's Hospital, 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.

150 June 19 77.