

**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. 701  
Township ..... Primary Registration District No. 1147  
City St. Louis (No. 1147, Hodiamont Ward)

File No. 25071  
Registered No. 6488  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1147 Hodiamont 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 F. 4. COLOR OR RACE W. 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) Mar. 17-1860  
7. AGE YEARS 73 MONTHS 4 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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) Washington Mo

13. NAME Adolph Ruge

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

15. MAIDEN NAME Unk

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

17. INFORMANT Edna Patton (ADDRESS) 1147 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Mo 7-28-33

19. UNDERTAKER Otto & Co (ADDRESS) Washington Mo

20. FILED 2661933 19 33 J. V. Bredek Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933  
22. I HEREBY CERTIFY That I attended deceased from Nov 18, 1932 to July 26, 1933  
I last saw her alive on July 25, 1933. Death is said to have occurred on the date stated above at 12 m.

The principal cause of death and related causes of importance were as follows:  
Cardiac Apoplexy  
Date of onset Unk  
Other contributory causes of importance:  
Block Heart  
Chrom. Myocardit

Name of operation Unk Date of Unk  
What test confirmed diagnosis? Unk Was there an autopsy? No

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) Harry H. Meyer, M. D.  
(Address) 4905 Delmar St

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.

AUG 3 1933

