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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6600

Township ..... Primary Registration District No. 003 Registered No. 1443

City St. Louis (No. BARNARD SKIN & CANCER Hospt Ward)

2. FULL NAME Ruby Hepler

(a) Residence, No. Lackland & Ashley St. MR Ward. LACKLAND RD 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Hepler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/6/05

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Ernest, Penn

FATHER

13. NAME John Uncapher

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

MOTHER

15. MAIDEN NAME Sarah Brewer

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

17. INFORMANT Harry Hepler
(ADDRESS) Lackland Rd. Overland, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ind, Penn DATE Feb. 1934

19. UNDERTAKER Baumann Bros Ind. Inc
(ADDRESS) 2504 Hodgen Rd Overland Mo

20. FILED MAR -4 1934 J. L. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1934, to 2/8 ", 1934

I last saw her alive on 2/8, 1934. Death is said to have occurred on the date stated above, at 2 10 P m.

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

	Date of onset
Peritonitis	2/7/34

Other contributory causes of importance:

Cancer cervix

Name of operation Colostomy Date of 2/7/34

What test confirmed diagnosis? Micro 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 ....., 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) J. Tauney, M. D.

(Address) 3427 Washington Av.

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.