

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.

APR 25 1934

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

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Christian Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 7230
Registered No. 2113
St. Ward)

2. FULL NAME Ruth Gravenmeyer
(a) Residence, No. 4427 Margaretta Ave. St. 10 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 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) Jan. 10th, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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. Charles County, Mo.
St. Louis, Mo.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) New D. Smith
4427 Margaretta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE March 1st, 1934

19. UNDERTAKER (ADDRESS) Wichmann, Sarah
1905 Union Blvd.

20. FILED 1934 J. F. Buebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from 2-27 1934, to 2-28, 1934
I last saw h.w. alive on 2-28-34 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Branch pneumonia Date of onset 2-27-34

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? yes 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) R. J. Webster, M. D.
(Address) 3750 Washington

J. J. Robertson

3720 Washington

Je 2390