

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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. _____
 Township Central Primary Registration District No. 6033
 City _____ (No. 8017 South Ave.) St. _____ Ward _____

2. FULL NAME Ruth Lawrence
 (a) Residence, No. 8017 South Ave. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 26341
 Registered No. 235

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Claude B. (Bookstiegel)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1889</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>6</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife 92A</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>home 82D</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>78B</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
MOTHER FATHER	13. NAME <u>August A. Bookstiegel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	15. MAIDEN NAME <u>Anna Luethenholder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Claude B. Lawrence</u> <u>8017 South Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>July 31, 34</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Hermandy & Son</u> <u>2161 E. Grand Ave.</u>		
20. FILED <u>7-30</u> 19 <u>34</u> <u>W. A. Bachner</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/20/29, 1929, to 7/28/34, 1934
 last saw him/her alive on 7/27/34, 1934. Death is said to have occurred on the date stated above, at 4:15am
 The principal cause of death and related causes of importance were as follows:
Encephalitis, toxic origin
type of toxemia not known.
Chr. endocarditis, involving
aortic orifice, causing insuffi-
ciency. Generalized edema, of
vitamin "A" deficiency.
 Other contributory causes of importance:
Toxemia, paraplegia.

Name of operation Clinical and Date of _____
 What test confirmed diagnosis? L.P.H. 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?
 If so, specify _____
 (Signed) J. B. Thomas, M. D.
 (Address) 3718 Jennings St.

