

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

Do not use this space.

*In A. Secret Hospital*

OCT 7 1934

33888

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
Township..... Primary Registration District No. 3036  
City St. Charles (No. 129, Jefferson St. .... Ward)

**2. FULL NAME**

Viola Marie Ruth  
(a) Residence, No. 129 Jefferson St., 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Ruth Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1893

7. AGE YEARS 41 MONTHS 7 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

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.

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 Mo

FATHER 13. NAME John Bossler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER 15. MAIDEN NAME Louise Hoelling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Aug. Ruth Jr. (ADDRESS) 129 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL PLACE Dakota Ave. Cat 1 DATE Oct 1 1934

19. UNDERTAKER W. Halliday & Sons Co (ADDRESS) 129 N. Second St

20. FILED 10/1 1934 Registrar [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to Sept 28, 1934. Last seen alive on Sept 28, 1934. Death is said to have occurred on the date stated above, at 2:00 a. m.

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

Chr. nephritis  
131  
Other contributory causes of importance: 131

Name of operation none Date of.....  
What test confirmed diagnosis? urinalysis 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) A. Secret Hospital, M. D.  
(Address) 330 Clay St. St. Charles Mo.

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.

