

JUN 12 1935

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

Do not use this space.

18157

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3920**, **Humphrey**)

File No.
Registered No. **4501** St. Ward)

2. FULL NAME

Ruth Ann Hitchcock
(a) Residence, No. **3920 Humphrey** St., **16** Ward.
(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1 - 1876		
7. AGE YEARS 59	MONTHS 1	DAYS 17
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**33** to **May 17**, 19**35**

I last saw her alive on **May 17**, 19**35**. Death is said to have occurred on the date stated above, at **9:20** a.m.

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

Cerebral arterio-sclerosis
Cerebral hemorrhage

Other contributory causes of importance: **ST**

Name of operation **none** Date of _____

What test confirmed diagnosis? **exam** 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) **Joseph E. Carney** M. D.
(Address) **525 Frisco Bldg.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

MOTHER

FATHER

13. NAME **George Piringer**

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

15. MAIDEN NAME **Augusta Underhill**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baton Rouge La.**

17. INFORMANT **Mrs. Louis E. Bewley**
(ADDRESS) **3420 Humphrey St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Summit Burial Park** DATE **May 20 1935**

19. UNDERTAKER **Feltz Bros**
(ADDRESS) **3024 Lafayette St.**
J. A. Brudeck
Registrar.

20. FILED 19 **20 1935**

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.

Dr. L. L. L.
Amice Co. (L.)
Monday 8 - 1890