

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

Do not use this space.

21296

1. PLACE OF DEATH

County JUL 12 1935

Registration District No. 701

Township

City St. Louis

(No. 4321 Cook)

Primary Registration District No. 1000

File No. 5231

Registered No. 5231

2. FULL NAME

(a) Residence, No. 4321 Cook St.      Ward.     

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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Lewis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 43 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family  
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) Greenfield, Ill.

FATHER 13. NAME Matthew Ruper

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Alice Duncan

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Tenn.

17. INFORMANT Miss Ella Ruper (ADDRESS) 4321 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 6-16-35

19. UNDERTAKER W. C. Gordon (ADDRESS) 2649-51 Belmont Blvd

20. FILED JUN 16 1935 J. G. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13<sup>th</sup> 1935

22. I HEREBY CERTIFY, that I attended deceased from May 15 1935, to June 13 1935

I last saw him alive on June 12 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Bowel obstruction following operation for hysterectomy. Uterine fibroids of chronic character with adhesions. Fibroid was not malignant.

Other contributory causes of importance: cardiovascular hypertension

Name of operation Hysterectomy appendectomy Date 6-6-35

What test confirmed diagnosis? divul 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) W. M. Winn M.D., M. D. (Address) 413 Wall Bldg

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.

