

APR 11 1936

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

Do not use this space.

13028

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **3600**) **Pershing Ave.** St. Ward

File No.
 Registered No. **3097**

2. FULL NAME

Susie May Rubright
 (a) Residence, No. **5600 Pershing Ave.** St., **5** 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 Fred Rubright		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1865		
7. AGE 70	YEARS 9	MONTHS 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework		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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Prescot Ark.13. NAME
John Hawkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Prescot Ark.15. MAIDEN NAME
Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Camden Ark.17. INFORMANT (ADDRESS)
Mrs. Amy Schippers, 5600 Pershing Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE
Valhalla Cemetery DATE **Mar. 23, 1936**19. UNDERTAKER (ADDRESS)
Edith E. Embruster, 4234 Manchester Ave.20. **MAR 22 1936**
J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 21, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **March 2, 1936**, to **March 21, 1936**
 I last saw her alive on **March 20, 1936** Death is said to have occurred on the date stated above, at **1 P.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
Arterio Sclerosis
 Date of onset **Two years**

Name of operation Date of
 What test confirmed diagnosis? 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? **No**
 If so, specify
 (Signed) **J. P. Bredeck** M. D.
 (Address) **434 No. Grand Blvd**

