APR 11 1936

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

Do not use this space.

13031

File No. 3100
Registered No.

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH
County
Township
City St Louis (No. 2007, Gano Av St. Ward)

2. FULL NAME Emilie Ruve
(a) Residence, No. 2007 Gano Av St., 9 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: Fredrick Ruve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26 1862

7. AGE: Years 73 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Germany

FATHER
13. NAME: Wm Fernheil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs Conrad Meyer
(ADDRESS) 2007 Gano Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Mch 24, 1936

19. UNDERTAKER: Bridgmeier Funeral Home
(ADDRESS) 1936 St Louis Av.

20. FILED MAR 23 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 22, 1936
I last saw h. alive on March 21, 1936. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	3-21-36
Hypostatic Pneumonia	3-21-36
Bilateral	
G & C	

Other contributory causes of importance:
Chronic Myocarditis
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) A. E. Fobler M.D.
(Address) 4218 F.N. Broad Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD