

APR 27 1937

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

Do not use this space.

13515

1. PLACE OF DEATH

County St. LouisRegistration District No. 790

File No.

Township

Primary Registration District No. 6033^aRegistered No. 59City Clayton(No. 9030, Clayton Road

St. Ward)

2. FULL NAME

Mary Ruck Wade(a) Residence, No. 9030 Clayton Road St. 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFL.M. Wade6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.781020

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.At Home10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Vicksburg
Mississippi

FATHER

13. NAME

Charles Ruck14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mississippi

MOTHER

15. MAIDEN NAME

Mariah Ruck16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mississippi17. INFORMANT
(ADDRESS)Mrs. L. Wade Childress
9030 Clayton Rd. St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Orleans La DATE Feb 10 193719. UNDERTAKER
(ADDRESS)C. R. Lupton & Sons
444 1/2 Olive Street

20. FILED

7/10 1937 W. J. Leguerville
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1 1937 to Feb 8 1937I last saw him alive on Feb 8 1937. Death is saidto have occurred on the date stated above, at 7 P. m.

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

Cerebral hemorrhageDate of onset
2/19

Other contributory causes of importance:

Chronic Nephritis7/11/36

Name of operation

Date of

What test confirmed diagnosis? Pyral D. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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. J. Leguerville

M. D.

(Address) 601 University Club Bldg

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

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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. W. F. Kilmer
Univ. Club. Bldg
Je 6088