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.

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

Do not use this space.

1. PLACE OF DEATH

County JUL 8 - 1937 Registration District No. 791 File No. 22024

Township Primary Registration District No. 1003 Registered No. 5776

City St. Louis Mo. (No. Barnes Hospital 1 St. Ward)

2. FULL NAME Helene Johanna Ruck

(a) Residence, No. St., NR Ward. E St Louis Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20th 1896

7. AGE: YEARS 40 MONTHS 10 DAYS 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

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) 1933

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME John K. F. Ruck

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

MOTHER

15. MAIDEN NAME Helen Sophia Sperling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John A. Ruck East St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE East St. Louis Ill. DATE June 13th 1937

19. UNDERTAKER (ADDRESS) H. W. Niederfeld East St. Louis Ill.

20. FILED JUN 19 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 25, 1937, to 6 - 10, 1937

I last saw her alive on 6 - 10, 1937. Death is said to have occurred on the date stated above, at 8 50 p.m.

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

	Date of onset
~~[illegible]~~	~~[illegible]~~
Obstructive jaundice	5-27-37
Cholecystitis chronic	4 yrs ±
Cholelithasis	
Bronchopneumonia	6-37

Other contributory causes of importance:

Anemia, secondary, hemolytic

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

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) Stephen S. Ellis, M. D.

(Address) BARNES HOSP.

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