

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ross Primary Registration District No. 1002
 City K. C. Mo. (No. St. Mary Hospital) St. 5A Ward

28508

2. FULL NAME

(a) Residence, No. Stillborn St. not named Ward. Rufkahr
 (Usual place of abode)

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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) K. C. Mo.

13. NAME Emmett Flatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Edith Rufkahr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Edith Rufkahr
St. Marys Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 7-28-37

19. UNDERTAKER (ADDRESS) John J. Luchan

20. FILED July 27 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937, to July 27 1937

I last saw h. Stillborn alive on July 27 1937, 1937. Death is said to have occurred on the date stated above, at St. Marys Hospital m.

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

Date of onset

Stillborn

Other contributory causes of importance:

Hydrocephalus
Spina Bifida
 Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury none, 1937
 Where did injury occur? St. Marys Hospital
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stillborn
 Nature of injury Stillborn

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify none
 (Signed) Robert F. Anderson, M. D.
 (Address) 713 Medical Arts Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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