

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

50M 20-37 I X12004

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.

SEP 10 1937

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

29317
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **7950**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HUBERT H. RUFF, JR.
 (a) Residence, No. **1122 College Avenue** St. **9**
 (Usual place of abode, if no street address, write county or city) (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie M. Ruff, (Loeb)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 7, 1890**

7. AGE YEARS **46** MONTHS **8** DAYS **16** IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Printer**
 9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER
 13. NAME **Hubert Ruff, Sr.**

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

MOTHER
 15. MAIDEN NAME **Caroline Schneider**

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

17. INFORMANT **Mrs. Carrie M. Ruff** (ADDRESS) **1122 College Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Aug. 26, 1937**

19. FUNERAL DIRECTOR **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **AUG 24 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 23, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 2** 1937, to **Aug 23** 1937
 I last saw him alive on **Aug 22** 1937. Death is said to have occurred on the date stated above, at **6:30 A. M.**
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction (Chronic)
 Other contributory causes of importance:
Myocardial sclerosis

Date of onset **8-19-37**
7-1-35
7-1-35

Name of operation **none** 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 **1**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **John W. McDonald**, M. D.
 (Signed) **John W. McDonald** (Address) **539 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MR

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)