

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

Do not use this space.

OCT 14 1937

32160

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3381 Delmar)

File No.
Registered No. 8214
St. Ward)

2. FULL NAME

Ruth Drake
(a) Residence, No. 3381 Delmar St., 21 Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>21</u>	<u>27</u>	<u>4</u>	<u>16</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~housewife~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Marion Tenn

MOTHER FATHER
13. NAME John farman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Tenn

MOTHER FATHER
15. MAIDEN NAME Junie Drake

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

17. INFORMANT Junie Drake (ADDRESS) 3381 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's DATE Sept 3 1937

19. UNDERTAKER (ADDRESS) 3381 Delmar Delmar Funeral Home

20. FILED SEP 1 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 27, 1937. I last saw him alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T. B.
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) C. F. Tuckett, M. D.
(Address) 3529 Franklin

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.

899

