JAN 10 1938

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

Do not use this space.

43018

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11268

City St. Louis, Mo. (No. ....., St. Luke's Hosp. St. ..... Ward)

2. FULL NAME Joseph Ruhl

(a) Residence, No. 3046 - HAWTHORNE St., 17 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	W	Single

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.
Newborn			

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. .....

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) St. Louis, Mo. 1

FATHER

13. NAME Robert Joseph Ruhl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

MOTHER

15. MAIDEN NAME Virginia Farline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

17. INFORMANT Mrs. Virginia Ruhl
(ADDRESS) 3046 HAWTHORNE

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE SS Peter & Paul DATE Dec 7 1937

19. UNDERTAKER Mullen Funeral Directors
(ADDRESS) 5165 Delmar

20. FILED 1938 DEC 14 19 J. S. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from DEC 6, 1937, to DEC 6, 1937

I last saw him alive on DEC 6, 1937 Death is said to have occurred on the date stated above, at 5:15 P m.

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

Atelectasis congenital

Date of onset

169a

Other contributory causes of importance:

Asphyxia neonatorum

Full Term

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Myron W. Davis, M. D.

(Address) 3720 Washington

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.

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100M-11-2033

This Baby was not Embalmed

Mulhen Und. Co.