

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

5250
Do not use this space.

REC'D MAD 7 4 1938

791
1003

Registered No. 1895

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, mo. (d) Street No. 500 South Kingshighway St.
(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. 5 mos. ds. 14 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ruh, Sharon
(a) Residence, No. 1521 Debrahan St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1938, to 2-21 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-38

I last saw her alive on 2-21 1938 Death is said to have occurred on the date stated above, at 8¹⁰ p.m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
		<u>1</u>	<u>15</u>	

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. child
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, mo

Other contributory causes of importance:
Spur intestinal obstruction
Congenital, non-malignant

FATHER 13. NAME Phillip F Ruh

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, mo

MOTHER 15. MAIDEN NAME Jane Ellis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, mo

17. INFORMANT (ADDRESS) M. E. Matthews
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Feb. 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Suesmeyer Son
3934 N. 2nd St

20. FEB 23 1938 J. Predeck Local Registrar.

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?
If so, specify Ralph W. Darlow, M. D.
(Signed) 500 S. Kingshighway
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert Licensed Embalmer No. 7212

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 7212

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.)