

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

REC'D MAY 10 1938

12811  
Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City.....*St. Louis, Mo.*  
 (d) Street No. ....*Barnes Hospital*..... St.  
 (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.

791  
1003

Registered No. **3415**

**2. PRINT FULL NAME** *Ruth Mary Upchurch 126*

(a) Residence, No. .... St. **W.R.** *Roxana, Ill.*  
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 20 - 1913</i>		
7. AGE	YEARS <i>25</i>	MONTHS <i>0</i>
	DAYS <i>20</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housework</i>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Raleigh Ill</i>	
	13. NAME <i>Robt. F. Upchurch</i>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Raleigh Ill</i>	
	15. MAIDEN NAME <i>Mary Pitterton</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Saline Co. Ill</i>	
17. INFORMANT (ADDRESS) <i>Robert Upchurch Raleigh Ill</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Raleigh Ill</i> DATE <i>4-11-38</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Walter Courtney Saline Ill</i>		
20. APR 11 1938 <i>J.P. Brubaker</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-11-38*

22. I HEREBY CERTIFY, That I attended deceased from *3-3-38* to *4-11-38*

I last saw her alive on *4-11-38* Death is said to have occurred on the date stated above, at *2:46 P*

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

Other contributory causes of importance: *[Signature]*

Name of operation *Thomaxplexy* Date of .....  
 What test confirmed diagnosis *Sputum* Was there an autopsy? *No*  
*Pos. for tubercle bacilli.*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury .....  
 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 *Thomaxplexy* (Signed) *Thomas H. [Signature]*, M. D.  
 (Address) *[Signature]*

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**