

REC'D FEB 10 1939

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

939

Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 939
 (c) City St. Louis, Mo. (d) Street No..... St. Ann's Children's Hos. Bldg.
 (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 164 Spruell, Ruby Jewell

(a) Residence, No. De Soto, Mo. St. WA (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 3 8

OCCUPATION 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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Mo. U.S.13. NAME Floyd 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 015. MAIDEN NAME Goldie M^E Dowell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) C. Wedder
500 S. Kin 2nd Highway18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto Mo. DATE Jan 30, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Moehushood
De Soto Mo.20. FILED J. P. Bredek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-193922. I HEREBY CERTIFY, That I attended deceased from 1-29-1939, to 1-30-1939, 1939.

I last saw her alive on 1-30-1939. Death is said to have occurred on the date stated above, at 2A m.

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

Meningitis non Epidemic Date of onset 1-26
Septicemia, cause unknown 1-26
unknown

Other contributory causes of importance: Otitis Media gao 1-24

Name of operation..... Date of.....
 What test confirmed diagnosis? Culture, punctate Is there an autopsy? yes

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? noIf so, specify P. Wedder, M. D.

(Signed) J. P. Bredek
 (Address) 500 S. Kin Highway

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.....

Licensed Embalmer No. 2521

P. O. Address.....

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.