

24 1939

REC'D MAY 11 1939

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

16133  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township RICHMOND HEIGHTS Primary Registration District No. 111  
(c) City RICHMOND HEIGHTS (d) Street No. ST. MARY'S HOSPITAL 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

RUTH RING  
(a) Residence, No. 1231 HAMILTON AVE. St.  (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JACK F. RING  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 14, 1894  
7. AGE YEARS 45 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to April 22, 1939  
I last saw her alive on April 22, 1939, Death is said to have occurred on the date stated above, at 11, 15 P.M.  
The principal cause of death and related causes of importance were as follows:

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

Carcinoma of Cervix  
General Carcinomatosis  
Date of onset 1936  
Other contributory causes of importance: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

FATHER 13. NAME EPHRIAM ALEXANDER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER 15. MAIDEN NAME MARY KELLY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

17. INFORMANT (ADDRESS) MRS. DOROTHY BOEDING 1231 HAMILTON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMT. DATE 4-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY 3640 LINDELL BLVD.

20. FILED APR 24 1939 Local Registrar

Name of operation Hysterectomy Date of 5-19-1938  
What test confirmed diagnosis? lab. & xray 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) J. Sterling, M. D.  
(Address) 7266 Manchester

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

96  
7  
2

**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 Alfred J. Boedeker  
Licensed Embalmer No. 2663  
P. O. Address 4284 Prairie

**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.**