

REC'D JUL 12 1939

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

20308

Do not use this space.

5152

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1008
(c) City..... ST. Louis (d) Street No..... *South Homer St. Phillips* 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 *150* Will Ruffin

(a) Residence, No. 1223a No. Garrison Ave St. 21 (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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18th 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 14

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. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henning Tenn (STATE OR COUNTRY)

FATHER 13. NAME Mose Ruffin

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME Ella Taylor

16. BIRTHPLACE (CITY OR TOWN) Henning Tenn (STATE OR COUNTRY)

17. INFORMANT Charlie Ruffin (ADDRESS) 1223a No. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE June 8th 1939

19. FUNERAL DIRECTOR (NAME) J. H. Randle & Son (ADDRESS) 3133 Bell Avenue

20. FILED JUN 8 1939 J. F. Bredich Local Registrar

~~MEICAL CERTIFICATE OF DEATH~~
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 P.
The principal cause of death and related causes of importance were as follows:

*Chronic degenerative
arteriosclerosis
Coronary sclerosis
Cerebral embolism*

Other contributory causes of importance: *946*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was 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? *4*
If so, specify _____
(Signed) *Alfred Perry* M.D.
(Address) *Clayton, Missouri*

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.

I X 16603

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.....

S. J. Watson
.....
Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.