DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4688

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1518

1. PLACE OF DEATH:
(a) County: St. Louis.
(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution December 3, 1936 (Specify whether
In this community 59 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis, 13
(If outside city or town limits, write "RURAL")
0
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American. years.

3. (a) PRINT FULL NAME: 150 James Ruffin.

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: Male — 5. Color or race: White — 6. (a) Single, widowed, married, divorced: Widower.

6. (b) Name of husband or wife: Alice Abernathy — 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: September (Month) 3, (Day) 1862 (Year)

8. AGE: Years: 77 — Months: 5 — Days: 10 — If less than one day: hr. min.

9. Birthplace: Ripley, Tenn. American / (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter.

11. Industry or business: x

FATHER
12. Name: Thomas Ruffin
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Partee Miller
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: E. Molony
(b) Address: 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem. Memphis Tenn.

18. (a) Signature of funeral director: Chas. A. Bell
(b) Address: 445 Washington Blvd.

19. (a) FEB 14 1940 (Date received local registrar) (b) D. F. Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1940. hour 12:20 minute p. M.

21. I hereby certify that I attended the deceased from December 3, 1936, to February 13, 1940; that I last saw him alive on February 13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease	
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Geo. L. Bogalin (M. D. or other)
Address: City Infirmary Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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