CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

DEC 11 1940

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No. 39594

Township St. Charles — Primary Registration District No. 2036 — Registered No. 195

City St. Charles (No. 1 St. Joseph Hospital St. Ward)

2. FULL NAME William Ruf

(a) Residence, No. near Cottleville, Mo. St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Ruf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1867

7. AGE — YEARS 73 — MONTHS 6 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER

13. NAME Wendell Ruf 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Emma Ruf

18. BURIAL, CREMATION, OR REMOVAL PLACE Cottleville, Mo. DATE Nov. 15, 1940

19. UNDERTAKER (ADDRESS) Geo. Stiefvater St. Peters, Mo.

20. FILED 1/12/40 19 Clarence G. Fessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Nov. 12, 1940

I last saw him alive on Nov. 12, 1940. Death is said to have occurred on the date stated above, at 8 PM m.

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

	Date of onset
Myocarditis	1935

Other contributory causes of importance:

Acidous Dehydration	10-1-1940

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Nicholas J. Horrich M. D.

(Address) O'Fallon, Mo.