

No. 2  
4-13-40  
5-17-39  
-1 X23155

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8277

State File No.

Registrar's No. 432

ED MAR 11 1941

Registration District No. 784

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis

(c) Name of hospital or institution St. Louis Training School  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 17 days  
(Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis Training School  
Bellefontaine Hall Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME FRANCIS RUHR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1941 hour 11 PM. minute 30 M.

3. (b) If veteran, name war no

3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from December  
1940 to Feb. 23  
that I last saw him alive on Feb. 23  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

Immediate cause of death Myocarditis  
Pulmonary Tuberculosis  
Epilepsy  
Mental Deficiency - Idiocy

Duration 6 m  
1-12-38

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive 9 years  
1928 (Day) (Year)

7. Birth date of deceased December (Month) 1928 (Day) (Year)

8. AGE: Years 18 Months 2 Days 14  
If less than one day hr. min.

Due to Myocarditis

Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation none

11. Industry or business none

12. Name Frank Henry Ruhr

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Gilbreath

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of St. Louis Training School

(b) Address Bellefontaine Hall Road

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? \_\_\_\_\_

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director William

(b) Address 2879 No. Euclid

19. (a) FEB 24 1941 (Date received local registrar)

(b) W. Meyer (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Stanley S. Nemec (M. D. or other) 0

Address St. Louis Training School Date signed Feb. 23/41

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Albert Mayfield*  
Licensed Embalmer No..... *3077*  
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, fact should be so stated above.**