S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29248

State File No.

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 8266

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 12
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 415 Belt Ave. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruth M. DeBord
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard DeBord
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb 1 (Month) 1891 (Day) (Year)

8. AGE: Years 53 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Hazel Dell (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Geo D. Kelly
13. Birthplace Hazel Dell (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Marietta Morrow
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Leonard DeBord
(b) Address 415 Belt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Craig Undertaking Co.
(b) Address 4465 Washington Blvd
19. (a) SEP 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from Nov 1, 1943, 1944, to Sept 26, 1944 that I last saw her alive on Sept 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left kidney!

Due to

Due to 52

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no

Duration

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) no
(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 J S Homan (M.D. or other)
Address 4903 Delmar Date signed Sept 27/44

(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 Donald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address 4355 Washington

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.