S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34518

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 180

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 28 das.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 809 Moore St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE RUH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Lawrence Ruh

6. (c) Age of husband or wife if alive Age Unk. years

7. Birth date of deceased Feburary (Month) 11 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Ste. Genevieve Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Doll

FATHER 13. Birthplace Ste. Genevieve Co., (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Clotilda Palmer

MOTHER 15. Birthplace Ste. Genevieve Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem., Crystal City, Mo.

18. (a) Signature of funeral director Fink Funeral Parlors

(b) Address 220 Main St., Festus, Missouri

19. (a) 10-10-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 6, 1944, 19..., to Oct. 4, 1945, 19...; that I last saw her alive on Oct. 4, 1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Central arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No autopsy.

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)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature L. L. Langston (M. D. or other) Med.

Address Stat Hosp No 4 Date signed 10-10-45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 114 S-1317

Date Filed 11-8-45

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 Elena Province

Licensed Embalmer No. 3403

P. O. Address Festus Mo

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.