S. No. 2
M—2-43
. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20820

State File No.

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 27

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

19692

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HOME - NEAR ANTONIA Mo. R.R. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL - NEAR ANTONIA Mo
(If outside city or town limits, write "RURAL")

(d) Street No. P.O. KIMMSWICK Mo R.R. #2
(If rural, give location)

(e) Citizen of foreign country? (P) DECEASED WAS A NATIVE OF GERMANY, BUT FIRST CITIZENSHIP WERE TAKEN OUT. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMIL RUOFF

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex M.O.

5. Color or race W

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

6. (b) Name of husband or wife SOPHIE RUOFF

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased JAN. (Month) 2 (Day) 1908 (Year)

8. AGE: Years 38 Months 5 Days 14 If less than one day hr. min.

9. Birthplace ? (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business MOTOR Co.

FATHER
12. Name WILLIAM RUOFF
13. Birthplace ? (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name CHRISTINE BECK
15. Birthplace ? (City, town, or county) GERMANY 11 (State or foreign country)

16. (a) Informant MRS. SOPHIE RUOFF

(b) Address KIMMSWICK Mo. R.R. #2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK ST. LOUIS Co.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) June 19 46 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1946 hour 8 30 minute P M.

21. I hereby certify that I attended the deceased from Found dead to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accident — Duration

Due to A Tree falling on him. Severing Femoral artery

Due to and Washing whole Abdomen

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) Accident 50

(b) Date of occurrence June 16th 1946

(c) Where did injury occur? Kimswick Mo. R.R. #1 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Near Kimswick Mo. R.R. (Specify type of place)

While at work? Yes (e) Means of injury R.R. #1

23. Signature T. B. Edwards (M. D. or other) Coroner

Address Cedar Hill Mo. Date signed 6/17/46

145 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 7-8-46

JUL 11 1946

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 Arthur W. Heiligtag

Licensed Embalmer No. 3842

P. O. Address Brunswick Ga.

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.