S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22612

FILED JUN 30 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5926

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5560 Pershing Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME STANLEY B. RUFF

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr. (Month) 21 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	25	hr. min.

9. Birthplace (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Sales Representative

11. Industry or business Detroit Brass & Malleable Co.

FATHER
12. Name James Ruff
13. Birthplace (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Carrie Parkin
15. Birthplace (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Ivan P. Ruff
(b) Address 5560 Pershing Ave.

17. (a) Removal (Rail) (Burial, cremation, or removal) (b) Date thereof 6 19 47 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Colorado

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 18 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 4:21 minute P.M.

21. I hereby certify that I attended the deceased from June 15-47, 19, to June 16, 1947
that I last saw him alive on June 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic Carcinoma of rectum

Due to Anuria

Due to Intestinal obstruction Heart Failure

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirms above

Duration

PHYSICIAN

Underline the cause of 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? (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 0

23. Signature Lewis H. Ferguson M. D. or other

Address 307 Strand Date signed 6-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) Lewis H Ferguson

SEP 4 1947

AUG 28 1947

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.....Edwin S. McDermott.....

Licensed Embalmer No.....3024.....

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.