S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32965

FILED SEP 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2656

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 3218 Michigan Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 57-3-17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 16 3218 Michigan Ave. 9
(If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Hulda M. Ruff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Oscar

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 26 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	3	16	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Martin-Neibling

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Liseite Lauth

15. Birthplace Not Known Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Ruff

(b) Address 3218 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Schumacher Und Co.

(b) Address 3013 Meramec St.

19. (a) SEP 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1947 hour 6-50 minute A M.

21. I hereby certify that I attended the deceased from more than 30 years, 19..., to Sept, 19..., that I last saw her alive on Sept, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular disease	
Due to —	
Due to —	
Other conditions Overweight (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 G. Y. Briggs (M. D. ~~or other~~)

Address 3918 Castleman Date signed 9-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3918 Washington

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.