No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2587

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 347

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4497 Forest Park Bl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUTH HARPER
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Claude C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 26 (Day) 1874 (Year)

8. AGE: Years 73 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Thomas Thurman
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Rose Wittenborn
(b) Address 4497 Forest Park Bl.
17. (a) Burial (Mtr.) (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kinkshighway Bl.
19. (a) JAN 12 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1948 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from 12/29/47, 19..., to Jan 12th, 1948 that I last saw her alive on Jan 12th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis of Cerebrals	14 days
Due to Chronic nephritis, set,	
with acute fatal malaria	
Due to	
Hypertension Cardiac	
Other conditions (Include pregnancy within 3 months of death) Renal disease	

Major findings:
Of operations
Of autopsy None

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) Nature of injury
23. Signature Joseph E. Bloom (M.D. or other)
Address 1545 Lafayette Date signed 1/12/48

Jefferson City Printing Co.

(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 Richard W. Stavesand

Licensed Embalmer No. 4007

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.