No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
Federal Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3327

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 246

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 21 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Riverview Gardens (If outside city or town limits, write "RURAL")
(d) Street No. 347 Midridge Dr. (If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Ruff
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John Ruff
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased February (Month) 4 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Gallus Koenig
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lisetta Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. C. W. Fenn
(b) Address 347 Midridge Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) 1-26-48 (Date received local registrar) (b) Paula J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 7, 1948, to January 24, 1948 that I last saw her alive on January 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death possible generalized carcinomatosis

Due to primary carcinoma of left breast

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 50
Of autopsy

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

23. Signature Russell Hardener (M. D. or other)
Address 601 Brentwood Blvd Date signed 1-24-48

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.