M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED JUN 15 1948

Registration District No. 17 — Primary Registration District No. 6076 — Registrar's No. 1324

1. PLACE OF DEATH:
(a) County: Roch-St Louis
(b) City or town: "RURAL" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robt. Koch Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 144 days (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 1325 N. Jefferson (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country: —

3. (a) PRINT FULL NAME: Melverine Ruff
3. (b) If veteran, name war: — 3. (c) Social Security No.:
4. Sex: Fem 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 10 (Month) - 6 (Day) - 26 (Year)

8. AGE: Years 21 | Months 7 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Dishwasher
11. Industry or business:
FATHER
12. Name: Pleze Ruff
13. Birthplace: Arkansas (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Ethel Alexander
15. Birthplace: Arkansas (City, town, or county) (State or foreign country) 1
16. (a) Informant: Record of Pt
(b) Address: Koch Hosp.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem
18. (a) Signature of funeral director: F. A. Green
(b) Address: 4214 Delmar Blvd.
19. (a) 5-26-48 (Date received local registrar) (b) Carl A. Shaw (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-30, 1947, to 5-22, 1948, that I last saw her alive on 5-22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	??
Due to:	
Due to:	
Other conditions: Tuberculous Laryngitis (Include pregnancy within 3 months of death)	?

13 N

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: Bernard Fridman (M. D. or other) MD
Address: Robt Koch Hosp Date signed: 5/28/48

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

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

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 Gayton H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed G. A. Shean

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar Blvd

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.