

Health, Welfare, Public Service

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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

26812

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1704

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Chesterfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Louis Co Hosp DOA</b>			Length of stay in lb <b>DOA</b>		d. STREET ADDRESS (If outside, give location) <b>Wildhorse creek Rd</b>
3. NAME OF DECEASED (Type or print) First <b>Caroline</b> Middle <b>C</b> Last <b>Rufkahr</b>			4. DATE OF DEATH <b>7/7/57</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 5 1886</b>		9. AGE (In years last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Chesterfield Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Frank Kick</b>		
14. MOTHER'S MAIDEN NAME <b>Emilia Sontag</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT <b>Fred J Rufkahr</b> Address <b>Chesterfield Mo</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia compatible with drowning</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			9754		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Body found floating on surface of lake on property adjoining her home by her son FRED</b>			
20c. TIME OF INJURY <b>7:40 CST</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>creek or lake</b>			
20e. CITY, TOWN, OR LOCATION <b>Chesterfield</b>		20f. COUNTY <b>St. Louis</b>		20g. STATE <b>Mo.</b>	
21. I attended the deceased from <b>7:30A</b> to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Raymond H. [Signature]</b> (Degree or title) <b>3</b>			22b. ADDRESS <b>Clayton, Mo.</b>		22c. DATE SIGNED <b>7/17/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/10/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Patrick Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wentzville Mo</b>
24. FUNERAL DIRECTOR <b>Ortmann F Home</b> ADDRESS <b>Overland Mo</b>			25. DATE RECD. BY LOCAL REG. <b>7-8-57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert B. [Signature]</b>

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