

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011343

STATE FILE NUMBER

2-2518

Health,  
Welfare  
Public  
Service

FILED MAR 25 1959

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

00  
57

92

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If outside, give location) <u>1426 No. Grand</u>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle _____ Last <u>Ruffin</u>			4. DATE OF DEATH Month <u>3</u> Day <u>8</u> Year <u>59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 30, 1886</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Edna Wilkes 2732 Euclid</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>undet.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular Disease</u>		162-1	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>ITEM 8, 9 CORRECTED</u> <u>BY: 1. AFFIDAVIT OF Funeral Director</u> <u>2. DOCUMENT 10-27-1954</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-25-59</u> to <u>3-8-59</u> and last saw <u>him</u> alive on <u>3-8-59</u> Death occurred at <u>247</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. J. Jansen</u> (Degree or title) <u>M.D.</u>	
22b. ADDRESS <u>2601 Whittier Street</u>		22c. DATE SIGNED <u>3-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>16 Mar 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cem</u>	23d. LOCATION (City, town, or county) <u>St Louis Co Mo</u>
24. FUNERAL DIRECTOR <u>Reliable Funeral Svs 1389 Union</u>		25. DATE RECD BY LOCAL REG. <u>MAR 11 59</u>	26. REGISTRAR'S SIGNATURE <u>Wm Earl Smith, M.D.</u>

MEDICAL CERTIFICATION

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John K. Cunningham* .....

Licensed Embalmer No. *4474* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.