

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 4410 Registrar's No. 56

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James</u> Length of stay in lb _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Phelps</u> c. CITY OR TOWN <u>St. James</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>J.</u> Last <u>RUF</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>3</u> , Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>10-6-1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown Major (Ret.) U.S. Infantry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Army - Cavalry</u>		11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Unknown John Ruf</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Margaret O'Keefe</u>		14. NAME OF HUSBAND OR WIFE <u>Late Louise Ruf</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Frances R. Jacques</u> Address <u>7121 Leona St. Louis, Missouri</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>natural causes</u> DUE TO (b) <u>Advise of Coroner</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 _____ to _____ and last saw him alive on _____
 Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ruth B. Powell Registrar</u>		22b. ADDRESS <u>St. James, Mo</u>		22c. DATE SIGNED <u>12-4-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		24. FUNERAL DIRECTOR <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Blvd. St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>					

DATE AMENDED: 12/28/61, 12/28/61, 12/28/61
 REGISTERED: 10-6-1881 & 80, 10-6-1891 & 70, 8 & 9
 BY AFFIDAVIT OF: Major Ret. U.S. Army Cavalry Unk., John L. Ruf, Margaret O'Keefe, Late Louise Ruf - Unk.
 DOCUMENT: Voting Reg. Record, Director of Funeral Director

DEC 12 1961

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 *Ernest W. Spiller*
Licensed Embalmer No. *HO 80*

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.