

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42037

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** No. **6938 Hancock** St. Ward

File No.....
Registered No. **11111**
St. Ward

2. FULL NAME

(a) Residence, No. **6938 Hancock** St., **3** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 27 - 1933**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X **Y** **28**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Harry George Rucker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maplewood Mo.**

15. MAIDEN NAME **Schmidt Willi**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT **Harry G. Rucker** (ADDRESS) **6938 Hancock**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wildebaum Cem. 12-28-1933**

19. UNDERTAKER **C. R. Duntont Sons** (ADDRESS) **4449 Olive Street**

20. FILED **J. Bredeck** Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-26-1933**

22. I HEREBY CERTIFY, That I attended deceased from **12-26-1933** to **12-26-1933**

I last saw her alive on **12-26-1933** Death is said to have occurred on the date stated above, at **10:45 am**

The principal cause of death and related causes of importance were as follows:

Statal Lymphaticus
(enlarged thymus)
67
Other contributory causes of importance
67
Name of operation **no** Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **W. B. Johnson**, M. D.
(Address) **1181 Hammond Blvd. Med. Coll.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

~~Dr. J. H. ...~~
Res Pa 3886 10-17:30
off Jr 2390