

No. 2
13-40
17-39
X23159

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8983**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **4 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St Louis** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6786 Manchester**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME **John Rucker**
3. (c) Social Security No. **Unk**
(b) If veteran, name war **Unk**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **28**
year **1940** hour **9:25** minute _____ AM.

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **XXXXXXXX** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **July 4, 1888**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **October 18, 1940, to October 28, 1940;**
that I last saw him alive on **October 28, 1940;**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 **3** **24** _____ hr. _____ min.

Immediate cause of death **Hypertensive Heart Disease** **1 year**
Duration

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Laborer**
11. Industry or business **Unknown**

Major findings: Of operations _____
Of autopsy _____

MOTHER { 12. Name **William Rucker**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Rosemary A Spotts**
(b) Address **2601 N Whittier**

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) _____

17. (a) _____ (b) Date thereof **10/31/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis Catholic Cemetery**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director **W. Rucker**
(b) Address **2600 N. Whittier**
19. (a) **NOV 1 1940** (b) **J. P. Rucker**
(Date received local registrar) (Registrar's signature)

23. Signature **C. Allen** (M. D. or other) _____
Address **2601 N Whittier** Date signed **10/31/40**

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

FILED DEC 11 1940

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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