DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8169

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 389

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Overland Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Berliner Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood Mo (If outside city or town limits, write "RURAL")

(d) Street No. 200 E. Bodley (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ALBERT RUCKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race WL

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Lemira Jane Rucker

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb (Month) 19 (Day) 1865 (Year)

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Livingston Co. (City, town, or county) 1 Ills (State or foreign country)

10. Usual occupation Ret Real Estate dealer

11. Industry or business

FATHER
12. Name Sanford Rucker
13. Birthplace (City, town, or county) 1 Virginia (State or foreign country)

MOTHER
14. Maiden name Ruth Wilson
15. Birthplace unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature Mrs. Ben H. Bear

(b) Address RR#1- Clayton Box # 309

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Ks

18. (a) Signature of funeral director Bopp Unk Co

(b) Address Kirkwood Mo

19. (a) FEB 19 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 19th year 1941 hour 6-30 P.M. minute M.

21. I hereby certify that I attended the deceased from April 1932 W, 19 to Feby 19th, 1941; that I last saw h ene alive on Feby 15th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arterio-sclerosis	8 yrs
Diverticulosis - Duodenum & Colon	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter J. Gost M.D. (M. D. or other)

Address 6635 Delmar Date signed 2-19-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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.....3042

P. O. Address.....Clayton Mo

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 this body is not embalmed, above space should be left blank.