

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9319**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **2729**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Parklane Hospital
(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 **Missouri** (b) County _____
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4323** **Manchester**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Jesse Rucker**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **divorced**

6. (b) Name of husband or wife **Vertheden** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 20, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 **10** **4** hr. _____ min.

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

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Benjamin Rucker**

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

14. Maiden name **Unknown**

15. Birthplace _____ (City, town, or county) **Unknown** (State or foreign country)

16. (a) Informant **Thelma Carlson**

(b) Address **Joliet, Ill.**

17. (a) **Burial** (b) Date thereof **3/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **MAR 26 1941** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1941** hour **10.25** A. M. minute _____ M.

21. I hereby certify that I attended the deceased from **1-27-41**, 19____, to **3-24-41**, 19____;
that I last saw him alive on **3-24-41**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of prostate gland primary
Due to **and bladder involving liver.**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Frank J. Smully** (M. D. or other) **M. D.**
Address **4930 Lindall** Date signed **3-26-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Thomas Eynck

Licensed Embalmer No. *1284*

P. O. Address: *St. Louis 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, fact should be so stated above.