

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42168**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (in this place) Life time		d. STREET ADDRESS (If rural, give location) 801 North Fourth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED a. (First) Melvin b. (Middle) J. c. (Last) Ruckman			4. DATE OF DEATH (Month) (Day) (Year) December 18-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 6, 1907
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Ruckman		13b. MOTHER'S MAIDEN NAME Catherine Cloonan	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-01-7550	
17. INFORMANT'S SIGNATURE OR NAME Glennon Ruckman (brother)		ADDRESS St. Charles, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cirrhosis of the liver ANTECEDENT CAUSES DUE TO (b) chronic nephritis & terminal uraemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/28, 1949 , to 12/18, 1949 , that I last saw the deceased alive on 12/18, 1949 , and that death occurred at 2:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Glenn Ekister (Degree or title) Imd.		23b. ADDRESS St. Charles, Mo	
23c. DATE SIGNED 12/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 21-1949	
24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Hallmeyer		ADDRESS 800 N. 2nd St. St. Charles, Mo.	
DATE REC'D BY LOCAL REG. 12-26-49		REGISTRAR'S SIGNATURE Francine Heurich	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9

RECEIVED
DEC 31 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.