

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25227
8672

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 223		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 223	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hoop = 1		d. STREET ADDRESS (If rural, give location) 2110 So. 11th St	

3. NAME OF DECEASED (Type or Print) a. (First) TRANK b. (Middle) c. (Last) RUCKMANN		4. DATE OF DEATH (Month) (Day) (Year) 4 20 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6M. 1860 AM. 84
10a. USUAL OCCUPATION (Type kind of work done during most of working life, even if retired) mkr		10b. KIND OF BUSINESS OR INDUSTRY mkr	11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY?		0	

13a. FATHER'S NAME Wm R	13b. MOTHER'S MAIDEN NAME Wm K	14. NAME OF HUSBAND OR WIFE Wm K
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give date of service)	16. SOCIAL SECURITY NO. Wm R	17. INFORMANT'S SIGNATURE OR NAME James C. Vayley 1300 Clark

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) with metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TO VERTEBROG		INTERVAL BETWEEN ONSET AND DEATH
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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? 177X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Regol M. Quinn, M.D.</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/2/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/3/50	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. AUG 4 1950	REGISTRAR'S SIGNATURE J. B. Fasales	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALBERT H. HOPPE, 4700 WASHINGTON
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Student
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.