

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23126**
Registrar's No. **5432**

FILED JUN 20 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6938 HANCOCK AV.		d. STREET ADDRESS (If rural, give location) 6938 HANCOCK	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) RUCKER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 29 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 30 1879		9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ALSACE LORRAINE	

13a. FATHER'S NAME JOSEPH KIRCHOFF		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HENRY RUCKER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADELE KRAFT DAUGHTER	
				ADDRESS 6938 HANCOCK	

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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Right side)				3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and DUE TO (c) Chronic Nephritis				1 yr.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 331X	

22. I hereby certify that I attended the deceased from Apr. 29, 1953, to May 29, 1953, that I last saw the deceased alive on May 27, 1953 and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. A. Walter M.D.</i> (Degree or title)		23b. ADDRESS 3608 S. Grand Blvd.,		23c. DATE SIGNED 6/1/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 2 1953		24c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON CEM	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 1 1953 <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. A. Croghan</i>		ADDRESS 7146 MANCHESTER ST. LOUIS 17 MO	
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-m & B (Licensed Embalmer's Signature on Reverse Side)

WHILE 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 Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Maurice Rueter

Licensed Embalmer No.

4865

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.