No. 300
10.48

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

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REG. 9929 SL 6585

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28108

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6605

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place) 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Randolph
c. CITY OR TOWN Baldwin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 615 S

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Charles
c. (Last) Rucknagel

4. DATE OF DEATH (Month) (Day) (Year) 7-30-1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 2-25-1889
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Preston, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Rucknagel
13b. MOTHER'S MAIDEN NAME Margaret Juenger
14. NAME OF HUSBAND/OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 489039871
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung (upper lobe) with Generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 163X

19a. DATE OF OPERATION 7-29-55
19b. MAJOR FINDINGS OF OPERATION Cardiac arrest prior to laparatomy. Exploration not possible
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 7-21, 1955, to 7-30, 1955, ~~that I last saw the deceased alive on~~, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. G. RUMER (Degree or title) M.D.
23b. ADDRESS VAH, ST. LOUIS, MO.
23c. DATE SIGNED 7-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 7/31/55
24c. NAME OF CEMETERY OR CREMATORY CALEDONIA CEM.
24d. LOCATION (City, town, or county) (State) RANDOLPH CO. ILL.

DATE REC'D BY LOCAL REG. AUG 1 1955
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walker Funeral Home Sparta Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O. Yahnke

Licensed Embalmer No. 39

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.