

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
36990

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City Raymond Ave (No. 6731) St. Raymond Ave Ward

2. FULL NAME Robert T. Rucker
 (a) Residence, No. 6731 Raymond Ave, St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>8</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John W. Rucker
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Budwolt
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. John W. Rucker
(ADDRESS) 6731 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE Nov. 24, 1932

19. UNDERTAKER Hess, L. P. Obitch, Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 11/23, 1932 Wella Bruce
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/12 1932 to 11/22 1932
 I last saw h. i. m. alive on 11/20/32 19 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 11/12/32
11A
107A 11A
 Other contributory causes of importance: La Grippe 11/5/32

23. Name of operation Date of
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. W. Remann, M. D.
 (Address) 3632 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 5 1933

U. S. NO. 2. MARGIN RESERVED FOR BINDING

W. H. ...
3532 ...
Frontier 8740