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 10 1937

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

Do not use this space.

791

1003

46205

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11989

City St. Louis, Mo. (No. Missouri Babtist Hospital St. ..... Ward)

2. FULL NAME Richard Rucker

(a) Residence, No. Robertson, Mo. St., NLR 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	16	

OCCUPATION

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

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) (STATE OR COUNTRY) Robertson, Mo.

FATHER

13. NAME Charles Rucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catawissa, Mo.

MOTHER

15. MAIDEN NAME Helen Hanneken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Ridge, Mo.

17. INFORMANT (ADDRESS) Charles Rucker Robertson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union, Mo. DATE Dec. 7, 1936

19. UNDERTAKER (ADDRESS) Kraeger-Voss-Fix Inc 3402 N. Kingshighway

20. FILED DEC 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6 50 PM 12/5/36, 19..., to 7 40 PM 12/5/36, 19...

I last saw her alive on 12/5/36, 19..... Death is said to have occurred on the date stated above, at 7 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction jaundice caused by malformation of the bile duct.	at birth

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) A. C. Darrow Jr., M. D.

(Address) Missouri Baptist Hosp