

LESD APR 12 1939

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

791  
1008  
8902  
Do not use this space.  
Registered No. 2667

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(d) Street No. DePaul Hospital  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4615 Lindell St. 12  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/26/62

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76      2      16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired real estate  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 1934  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oblong, Ill.

FATHER 13. NAME William Ruckle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Frances E. Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Jos. Davies  
(ADDRESS) 4615 Lindell

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Casey, Ill. DATE 3/22/39

19. FUNERAL DIRECTOR (NAME) Alexander and Sons  
(ADDRESS) 6175 Delmar Blvd

20. FILED MAR 21 1939  
J. B. Ruckle  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Feb 12 1939

I last saw him alive on Feb 12 1939. Death is said to have occurred on the date stated above, at 11:58 p.m.

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

Chronic Myocarditis  
Chronic Infarctis  
Senility

Other contributory causes of importance:

Name of operation None Date of       
What test confirmed diagnosis Physical & X-rays Was there an autopsy? Yes

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) Geo B. Kueper, M. D.  
(Address) 3442 Berchard Ave

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.

**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, Self,  
or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Joseph E. McCulloch  
Licensed Embalmer No. 2460

P. O. Address 8175 Delmar  
Delmar, Delaware

**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, above space should be left blank.