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1-4-41  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23917

FILED AUG 28 1941

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6259

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 3 Days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3427 S. Jefferson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Ruck  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 28,  
year 1941 hour 2:00 minute \_\_\_\_\_ P. M.

4. Sex male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elizabeth Ruck  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 9, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25, 1941 to July 28, 1941  
that I last saw h im alive on July 28, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 4 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of Esophagus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace DeSoto Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shoemaker

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Michael Ruck  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas. Martin  
(b) Address 6621 Morganford Rd.  
17. (a) Burial (b) Date thereof July 31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mathews Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Weick Brs. Und. Co.  
(b) Address 2201 S. Grand Bl.  
19. (a) JUL 30 1941 (b) L. U. Muller  
(Date of local registrar) (Registrar's signature)

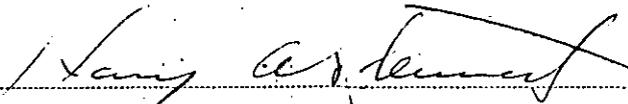
While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature L. U. Muller (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 7/28/41

WRITE PLAINLY—USE 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.....

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

Signed, 

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquet St.

**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.**