

No. 2
-1-4-41
5-17-39
I X26300

79 OCT 18 1941

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7302

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Days. (Specify whether
In this community _____
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. 5209a Cates Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Capt. George F. Rucker.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian May Rucker. 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December 24, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 16 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Captain

11. Industry or business St. Louis Fire Department.

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian May Rucker.
(b) Address 5209a Cates Ave.

17. (a) Burial (b) Date thereof 9-11-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) SEP 9 1941 (b) J. C. Buedack
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th.
year 1941 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from August 12th 1941 to 8th Sept 19⁴¹
that I last saw him alive on Sept 8th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden
Due to Chronic Endocarditis
Due to Subacute Cirrhosis of liver indefinite
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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?
(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature Harry H. Meyer M.D. (M. D. or other) _____
Address 4903 Delmar Date signed 9/9/41

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

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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

John Fetter

Licensed Embalmer No. *3880*

P. O. Address.....

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.