

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1943
1318
Registration District No. 1318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

State File No. _____
Registrar's No. 618

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

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:
City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community 11 years
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. 1301 South 13th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUBY CLUCKEY
(b) If veteran, name war No
(c) Social Security No. 500-05-2309

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Berton
(c) Age of husband or wife if alive 25 years
7. Birth date of deceased Mar 27 1920
(Month) (Day) (Year)

8. AGE:
Years 22 Months 9 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Springfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Carl Greeno
13. Birthplace Missouri
(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 Berton Cluckey

(b) Address 1301 South 13th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4900 Washington Blvd.

19. (a) JAN 21 1943 (Date received local registrar) (b) J. F. Brudack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 18th
year 1943 hour 10 minute 30 a.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Peritonitis and Abscess of Broad Ligament following Due Septic Abortion Self Induced in her home 1301 S. 13th St.
Due to Exact time unknown

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 1/18/43
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) N 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thomas F. Callender (M.D. or other)
Address Deputy Coroner Date signed 1-19-43

100
17
229
8

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

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

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address

2317 Lafayette

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.