

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11320

Registration District No. 318 Primary Registration District No. 1003

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 3 HRS.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL") 924
(d) Street No. 3702 OREGON AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTTO H RUECKERT
3. (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Decemb day 16
year 1943 hour 2:30 minute 00 P. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORENCE (c) Age of husband or wife if alive 41 years
7. Birth date of deceased SEPTEMBER 27 1898
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
45 2 19 _____ hr. _____ min.

Immediate cause of death
Cirrhosis of Liver

9. Birthplace ST LOUIS _____
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
12/16

10. Usual occupation INSPECTOR

11. Industry or business AMERICAN THERMOMETER
12. Name AUGUST RUECKERT
13. Birthplace GERMANY _____
(City, town, or county) (State or foreign country)
14. Maiden name EMMA FABRY
15. Birthplace MISSOURI _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Florence Rueckert
(b) Address 3702 Oregon Av.
17. (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Concordia Cem
18. (a) Signature of funeral director Bud Medina
(b) Address 1936 St Louis mo
19. (a) DEC 18 1943 (b) J. P. Budack
(Date received local registrar) (Registrar's signature)

23. Signature Walter Perry
Address _____ Date signed 12/19/43

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.....

Licensed Embalmer No. 3737

P. O. Address 936 H. Lowe

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.