

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

16714

State File No. ....

Registrar's No. 5080

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County HOMER PHILLIPS HOSPITAL  
St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 2 hrs.  
1 day 2 hrs. (Specify whether  
In this community 1 day 2 hrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3113 LaSalle  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Baby ~~W. Rucker~~

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1,  
1944 year hour 8 minute 14 P.M.

21. I hereby certify that I attended the deceased from May  
31, 19 44 to June 1, 19 44  
er June 1, 19 44  
that I last saw h alive on  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased. 6 (Month) 1 (Day) 1944 (Year)

Immediate cause of death Bronchopneumonia - Primary Duration Life

Due to. ....

Due to. 107

Other conditions. .... (Include pregnancy within 3 months of death)

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

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

PHYSICIAN

Major findings:  
Of operations. ....  
Of autopsy. ....

Underline the cause to which death should be charged statistically.

10. Usual occupation. ....

11. Industry or business. ....

MOTHER FATHER { 12. Name John Rucker  
Marianne Lee

13. Birthplace Lee county Ark. (City, town, or county) (State or foreign country)

14. Maiden name Williamae Taylor

15. Birthplace Meridian Miss. (City, town, or county) (State or foreign country)

16. (a) Informant John Rucker  
(b) Address 3113 LaSalle St

17. (a) Buried (b) Date thereof 6-2-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Auslowe  
(b) Address 2930 Dixon St.

19. (a) JUN 2 1944 (b) J. F. Bullock  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature A. M. Mitchell (M. D. or other) 0  
Address 3601 W. ... Date signed 6/1/44

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.....

*No Embalming Body*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**