

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19154

Registration District No. 207944

Primary Registration District No. 6076

Registrar's No. 1081

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural (Bonhomme Twpsh.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Meremac Sta. Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 52 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Michael Ruck,

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 Widower

6. (b) Name of husband or wife Elizabeth Ruck,

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

7. Birth date of deceased June, 23, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business Own farm.

12. Name Michael Ruck,

13. Birthplace Unknown Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kraft,

15. Birthplace Unknown Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant William Ruck

(b) Address Valley Park, Mo. R #1.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May, 11, 1944
(Month) (Day) (Year)

(c) Place: burial St. Paul Cem. Des Peres, Mo.

18. (a) Signature of funeral director Arader Lunsch

(b) Address Ballwin, Mo.

19. (a) MAY 12 1944
(Date received from registrar)

(b) E. D. Mc Gowan, M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County St. Louis,

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Meremac Sta. Rd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 9,
year 1944 hour 3 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 2 '44
1944, to May 8 1944

that I last saw h. in alive on May 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
6 days

Due to Cardio-vascular-renal disease

Due to infirmities of advanced age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 131a

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? _____

23. Signature JM Ostinghaus
While at work? _____ (Specify type of place)
(a) Means of injury _____
(b) For other _____ M. D.

Address Valley Park, Missouri Date signed 5-9-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 28 1945

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

Theo. Schrader

Licensed Embalmer No. *3066*

P. O. Address

Ballyvaughan Mo.

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.