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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8193  
Registrar's No. 2796

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1315 N. Grand Ave.  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME Franklin Leo Rucker  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. Unknown

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Audra Rucker  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased February 7 1893

8. AGE: Years 52 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
10. Usual occupation Painting Contractor

11. Industry or business Self  
12. Name Edward N. Rucker  
13. Birthplace Franklin County Missouri  
14. Maiden name Laura Clark  
15. Birthplace Unknown Indiana

16. (a) Informant Audra Rucker  
(b) Address 3846 Delmar Ave.  
17. (a) Burial (b) Date thereof 3-30-45  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) MAR 28 1945 (Date received local registrar) J. J. Buddeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 3846 Delmar Ave.  
(e) Citizen of foreign country? No

20. DATE OF DEATH: March 27 1941 hour 12 minute 50 M.  
21. I hereby certify that I attended the deceased from Feb 9 1945 to Nov 27 1945  
that I last saw him alive on 3-27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Arteriosclerosis  
Other conditions None

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence  
(c) Where did injury occur?  
(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 M.D.  
23. Signature Albert C. Malles (M. D. or other)  
Address 819 University Center Date signed 3-27-45

**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..... *G. W. Wilkins*

Licensed Embalmer No..... *3575*

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.**

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