S. No. 2
M—8-43
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34474

FILED NOV 15 1945

Registration District No. 3/8 Primary Registration District No. 3058 Registrar's No. 147

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Ferguson (If outside city or town limits, write "RURAL") 6
(d) Street No. 437 So Clark Ave. (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Jesse Eugene Ruckman
3. (b) If veteran, name war ----
3. (c) Social Security No. 332-03-6345
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Ruckman
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October (Month) 28 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	11	18	hr. min.

9. Birthplace Iowa (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Doctors Assistant
11. Industry or business
FATHER
12. Name William W. Ruckman
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Mary Aukron
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Opal Ruckman
(b) Address Ferguson, Missouri
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/18/45. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri
19. (a) 10/15/45 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1945 hour 2-35 minute A. M.
21. I hereby certify that I attended the deceased from Oct 9-45 to Oct 15, 1945, to ____, 19__; that I last saw him alive on Oct 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Due to Duodenal Ulcer
Due to
Other conditions (Include pregnancy within 3 months of death) 117 B
Major findings: Of operations Complete Obstruction at pylorus from Ulcer
Of autopsy

Duration

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

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
23. Signature F. J. Tainter MD (M. D. or other)
Address 539 Grand St Louis Date signed Oct 15 45

1340 (Licensed Embalmer's Statement on Reverse Side)

JUN 30 1948

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 11-14-45

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 L. M. Schulte

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.