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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42500

State File No. 8

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2949

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 106 days (Specify whether

In this community See above. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 12 (If outside city or town limits, write "RURAL")

(d) Street No. 8842 Olden 1 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUCKER, Arthur W.

3. (b) If veteran, name war World I.

3. (c) Social Security No. 498 07 5045

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Lenore M. Rucker

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February (Month) 8 (Day) 1900 (Year)

8. AGE: Years 45 Months 10 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Lebanon (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Elec. Engineer.

11. Industry or business --

FATHER
12. Name Charles Rucker
13. Birthplace (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Jennie Johnson
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 12-29-45 (Date received local registrar) (b) E.S. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1945 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from September 12, 1945, to December 27, 1945 that I last saw him alive on December 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE & CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT AND MYOCARDIAL ~~Due to~~ INSUFFICIENCY. 94a	Unknown
Contributory Cause.	
~~Due to~~ HYPERTENSION, ARTERIAL.	Unknown

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

Major findings: Of operations Splanchnicectomy right, 10/18/45 Splanchnicectomy left & lumbar sympathectomy 11/5/45. Of autopsy No autopsy.

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) No.

(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 HARVEY E. SISK, Major, Acting Clinical Director. (M. D. or other) M.C.

Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.