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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 31 1946**  
317

THE STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **42042**  
Registrar's No. **3591**

Registration District No. ....

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Pine Crest Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether  
In this community **life**  
years, months or days)

3. (a) PRINT FULL NAME **Frederick C. Rueckert**

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

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased **July 23 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>5</b>	<b>2</b>	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER

12. Name **Ferdinand Rueckert**  
13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Bauer**  
(b) Address **Fenton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-28-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **John L. Ziegenhein & Sons**  
(b) Address **7028 Gravois Ave.**

19. (a) **12-30-46** (Date received local registrar)  
(b) **Rueckert** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis 96**  
(c) City or town **Fenton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **25**  
year **1946** hour **12** minute **10 A.M.**  
21. I hereby certify that I attended the deceased from **Dec 15**  
19 **46**, to **Dec 25** 19 **46**  
that I last saw him alive on **Dec 20** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute pneumonia**  
Duration

Due to **108**  
Due to

Other conditions **mental deficiency**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **A. J. Merklein M.D.** (M. D. or other)  
Address **3507 Poloma** Date signed **12-27-46**

**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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 14*

**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.