

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Louis Co. Hospital  
(If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 20 hrs.  
(Specify whether)  
 In this community 21 hrs.  
years, months or days

**3. (a) PRINT FULL NAME** Lawrence Rucker, Jr.  
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SO  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 4 1947  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 21 hr. 5 min.

9. Birthplace Maryland Heights Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** NIL

**11. Industry or business**

**MOTHER FATHER** { 12. Name Lawrence Rucker  
 13. Birthplace Wells ton Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fais Jean Pack  
 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Rucker  
 (b) Address Fee Fee Rd. & Midland Tracks

17. (a) Burial (b) Date thereof 7-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director William Bro...  
 (b) Address 2504 Woodson Rd - Overland, Mo.  
7-10-47 (c) Gene...  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis  
 (c) City or town Maryland Heights  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Fee Fee Rd. & Midland Tracks  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 5  
 year 1947 hour 4 minute 05.2 A.M.

21. I hereby certify that I attended the deceased from July 4, 1947 to July 5, 1947;  
 that I last saw him alive on 7/5/47, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature delivery, neonatal death

Due to \_\_\_\_\_ 159

Due to \_\_\_\_\_

Other conditions (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) (e) Means of injury \_\_\_\_\_

23. Signature Wm. C. Critchlow (M. D. or other) M.D.  
 address 601 Brentwood Blvd Date signed 7-5-47

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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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address..... *Overland 14 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.**