

No. 2
2-45
17-39
X47070

FILED DEC 15 1947 318

1003

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3063 Shroeder Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME FIRSTINE RUCKER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race col.
6. (a) Single, widowed, married, divorced, child
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 11 - 5 - 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Jack Rucker
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Magnolia Clark
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Jack Rucker
(b) Address 3063 Shroeder

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 7 47
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director C. M. ...
(b) Address 2620 ...

19. (a) DEC 9 1947 (Date received local registrar) (b) J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3063
21 (If rural, give location)
(e) Citizen of foreign country? Shundan (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1947 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Suppuration: Bronch
Pneumonia with necrotic foci
Up lung found baby underneath her
body on Dec 6th 1947 about
17.10 G.M.

Due to 182
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 180
Of operations _____
Of 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) Accident
(b) Date of occurrence Dec 6 1947
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
Means of injury As above

23. Signature W. J. ... (M. D. or other) 3
Address 11190 ... Date signed 12/8/47

The 7140 of ...
Deaths

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.