S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42822

FILED DEC 31 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11486

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1108 S Cardinal (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Viola Andrews
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Luther Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 16, 1902 (Month) (Day) (Year)

8. AGE: Years 45 | Months 9 | Days 29 | If less than one day hr. min.
9. Birthplace Pine Bluff, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Maid-
11. Industry or business Private family
MOTHER FATHER
12. Name Wm Henry Rucker
13. Birthplace Unavailable Ark. (City, town, or county) (State or foreign country)
14. Maiden name Viney Blackwell
15. Birthplace Unavailable Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Mary Jackson Stephens
(b) Address 3138 Vinegrove
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bunck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15 year 1947 hour 2 minute 35 P.M.
21. I hereby certify that I attended the deceased from Dec. 3, 1947 to Dec. 15, 1947; that I last saw her alive on Dec. 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Reactive Depression	Undet.
Due to:	
Due to:	
Other conditions: Pyelonephritis; Hypertension (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy None

PHYSICIAN — Underline the cause of 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 Herbert J. Cruvin (M. D. or other)
Address 2601 No Cobbette Date signed 12/16/47

Jefferson City Printing Co. (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 John Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. ~~1025~~ 453

P. O. Address 4107 Finney Ave.

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.