

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38980  
9864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO  
c. LENGTH OF STAY (In this place) 1, Mo, 8 Days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2147

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City Infirmary Hospital

STREET ADDRESS (If rural, give location) 5303a Bancroft Ave.

3. NAME OF DECEASED  
a. (First) Harry b. (Middle) Charles c. (Last) Rucker

4. DATE OF DEATH (Month) (Day) (Year) 11 18 50

5. SEX Male ♂

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /

8. DATE OF BIRTH 6-25-1900

9. AGE (In years last birthday) 50

IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Robertsville, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Rucker

13b. MOTHER'S MAIDEN NAME Kate Baker

14. NAME OF HUSBAND OR WIFE Olive Rucker, above

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 492-05-5182

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive Rucker, above

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized Arteriosclerosis and ANTECEDENT CAUSES DUE TO (b) Generalized Deterioration with Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) heart leading component  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
  
1950+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4500

22. I hereby certify that I attended the deceased from 10/10, 19 50 to 11/18, 19 50, that I last saw the deceased alive on 11/18, 1950, and that death occurred at 10:10 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delmar Prunius Bowlich M.D. 0

23b. ADDRESS 5800 Arsenal Street

23c. DATE SIGNED 11/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-21-1950

24c. NAME OF CEMETERY OR CREMATORY Oak Hill Ceme. . .

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. NOV 21 1950 REGISTRAR'S SIGNATURE J. B. Pasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood 17, Mo. 7450 Manchester Ave.

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.