

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12865

State File No. _____

No. 300
10-48

LED APR 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>795</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>			c. LENGTH OF STAY (in this place) <u>64 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>			4749				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>Manchester Rd.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>Philip</u>		c. (Last) <u>Ruck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1953</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/9 /1888</u>		9. AGE (In years last birthday) <u>64</u>	10. MONTH <u>11</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Michael Ruck</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Strennig</u>			14. NAME OF HUSBAND OR WIFE <u>Loraine Ruck</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>193-36-2117</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loraine Ruck</u> ADDRESS <u>Manchester, Mo</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>											
INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u>											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Original pericarditis</u>											
DUE TO (c) _____											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>											
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>Dec 6</u> , 19 <u>52</u> , to <u>Mar 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 7</u> , 19 <u>53</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Henry F. Scott</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ballwin Mo.</u>				23c. DATE SIGNED <u>Mar 11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manchester Methodist</u>			24d. LOCATION (City, town, or county) (State) <u>Manchester, St. Louis, Mo</u>				
DATE REC'D BY LOCAL REG. <u>3-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MO</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS _____						

52 (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.