

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19224

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1058

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Manchester		c. CITY OR TOWN Manchester	
c. LENGTH OF STAY (in this place) Years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 5 Ellenchester		e. STREET ADDRESS (If rural, give location) # 5 Ellenchester	
3. NAME OF DECEASED a. (First) Wm.		b. (Middle) Frederick	
c. (Last) Ruck		4. DATE OF DEATH (Month) (Day) (Year) April 24 1956	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 26 1881	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Ruck	
13b. MOTHER'S MAIDEN NAME Elizabeth Struening		14. NAME OF HUSBAND OR WIFE Emma Schlueter Ruck	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Eleanor Marcus		ADDRESS Rt 1, Manchester Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 20 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 Jan 16, 1956 , to April 24, 1956 , that I last saw the deceased alive on Mar 30, 1956 , and that death occurred at 4:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry F. Scott M.D.		23b. ADDRESS Ballwin Mo.	
23c. DATE SIGNED Apr. 25-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-26-56	
24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		24d. LOCATION (City, town, or county) (State) Manchester Mo.	
DATE REC'D BY LOCAL REG. 4-25-56		REGISTRAR'S SIGNATURE Herbert R. Dombard	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home		ADDRESS Ballwin, Mo.	

(Licensed Practitioner'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.....
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *452*.....

P. O. Address *Bullwin,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.