

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34070**
9040

FILED OCT 4 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		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		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 People's Hospital		e. STREET ADDRESS (If rural, give location) 2107 4217 St. Louis Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Mathenia b. (Middle) c. (Last) Rucker			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1957		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) / Tennessee	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Albert Neal		13b. MOTHER'S MAIDEN NAME Rebecca?	
14. NAME OF HUSBAND OR WIFE Clyde Rucker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Clyde Rucker		ADDRESS 4217 St. Louis, Ave.			

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) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Adenocarcinoma of Cervix		4 years	
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 171x		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 **Dec. 1956**, to **Sept. 24, 1957**, that I last saw the deceased alive on **Sept. 24, 1957**, and that death occurred at **5:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry C. Dugas M.D.** 23b. ADDRESS **3136 Easton** 23c. DATE SIGNED **9-27-57**

24a. BURIAL CREMATION REMOVAL (Specify) **CREMATION** 24b. DATE **9/28/57** 24c. NAME OF CEMETERY OR CREMATORY **Brownsville, Tennessee** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **SEP 27 57** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. B. Koonce 1221 N. Grand**

(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.....
Signature of Student Embalmer

Signed *Melvin Blackman*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N. 4th*.....

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.