

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007744  
State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1226**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>East St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 days</b>		STREET ADDRESS (If rural, give location) <b>3604 Bond Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>39 Cardinal Glennon Memo.</b>		52	
3. NAME OF DECEASED a. (First) <b>PATRICIA</b> b. (Middle) <b>ANN</b> c. (Last) <b>RUCKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 31, 1950</b>
9. AGE (In years last birthday) <b>7</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>2nd. Grade Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clayton, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Rucker</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Piskur</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Rucker E.S. Louis, Ill</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBELLAR Abscess</b> ANTECEDENT CAUSES <b>RX side</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 checked="" type="checkbox"/> NO <input 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) (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 <b>26 Jan 1958</b> to <b>29 Jan 1958</b> , that I last saw the deceased alive on <b>29 Jan 1958</b> and that death occurred at <b>10:30 m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James L. Danahoe, MD</b>		23b. ADDRESS <b>950 Francis Place</b>	
23c. DATE SIGNED <b>30 Jan 58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-30-58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 3 58</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sedlack Bros. E. St. Louis, Ill.</b>			

(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.....  
*Not embalmed*  
*Sealed Box*  
*C. H. Lunde*  
Licensed Embalmer No. ....

P. O. Address.....

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.