

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039663

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3070 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3070 STATE FILE NUMBER

FILED NOV 8 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis;
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville Length of stay in 1b 10 mos.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St. Louis
 c. CITY OR TOWN Manchester Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5 Ellanchester Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Emma M. Ruck 10/30/61

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/28/1882 9. AGE (last birthday) 79
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Schlueter 13b. MOTHER'S MAIDEN NAME Johanna Broeker 14. NAME OF HUSBAND OR WIFE Wm. 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 Address Eleanor Marcus, 5 Ellanchester, Manchester, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 24 hrs
 DUE TO (b) myocardial degeneration 3 mo.
 DUE TO (c) Paralysis agitans 3 yrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1958 to Oct. 1961 and last saw her alive on 10/30/61
 Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.C. McMurphy MD 22b. ADDRESS Manchester, Mo 22c. DATE SIGNED 10/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/1/61 23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery, 23d. LOCATION (City, town, or county) (State) Manchester, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo. 25. DATE RECD. BY LOCAL REG. 10-31-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

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. 4584

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.