

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12916
Do not use this space.

3258

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 3231 Barrett St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 27 yrs. - mos. - da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ettie Rutledge

(a) Residence, No. 3231 Barrett St. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Albert M. Rutledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Dent County
(STATE OR COUNTRY) Missouri

13. NAME Alvin C. Leech

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Sanders

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Alvin M. Rutledge
(ADDRESS) 3231 Barrett St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vallhalla Cem DATE April 9, 1939

19. FUNERAL DIRECTOR (NAME) Shedden & Co
(ADDRESS) 3934 N. 2nd St.

20. FILED APR 6 1939
J. D. [Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939, to April 4, 1939.

I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 2:35 A. M.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Alvin C. Leech, M. D.(Address) 3 + 0 5 N. 17

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.....

Geo P. Schubert

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Geo P. Schubert*

Licensed Embalmer No. *2212*

P. O. Address *518 1/2 Kingalig*

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, above space should be left blank.