

NOV 16 1940

791

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Rutledge

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Rutledge

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 10th 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 27
If less than one day hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Confectionery Owner

11. Industry or business _____

12. Name William A. Rutledge

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Rutledge Jr.

(b) Address 4405 Norfolk Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-9-40
(Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 8 1940 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4405 Norfolk Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1940 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from September 23, 1940, to October 7, 1940
that I last saw him im alive on October 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Cerebral Vascular Accident Duration 10 days

Due to Essential Hypertension 10 yrs.

Due to Generalized Atherosclerosis 10 yrs.

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Edward H. Lyman (Specify type of place) _____
(c) Means of injury

Address 1515 Lafayette Ave. Date signed 10/7/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Edmund M. Permutt
.....
Licensed Embalmer No. 3024

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 this body is not embalmed, above space should be left blank.