

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4559 McPherson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)  
In this community 5 years

3. (a) PRINT FULL NAME Frank Rutherford

8. (b) If veteran, name war no 8. (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 Lilian Rutherford 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec 24 1899  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Vernon McCain Ill, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Kabrin Rutherford

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

14. Maiden name Margda Bantz

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

16. (a) Informant Lilian Rutherford

(b) Address 4559 McPherson Av.

17. (a) Removal (b) Date thereof Dec 18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis

18. (a) Signature of funeral director Frank Winder

(b) Address East St Louis Ill

19. (a) DEC 18 1940 (b) J F Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4559 McPherson Av. 12  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 15  
1940 to Dec 17 1940  
that I last saw him alive on Dec 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration 3 days

Due to Myocarditis 1 year.

Due to Paraplegia, cause Zinkenbour 8 year.  
From history

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93C  
Of autopsy

PHYSICIAN  
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?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter J. Everall (M. D. or other) MD.  
Address 4126 Washington Date signed 12-18-40

WRITE PLAINLY—USE 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 me

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

working under my personal supervision.

Signed

Ben H. Balducci

Licensed Embalmer No. 2420

P. O. Address St. Louis, Ill.

**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.**