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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12735**
Registrar's No. **3165**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County ~~Washington~~
(b) City or town ~~Caledonia, Mo.~~ **St. Louis, Mo.**
(c) Name of hospital or institution: **Missouri Baptist, St. Louis, DMO.**
(d) Length of stay: In hospital or institution **15 days**
In this community **7 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
Elvins, Missouri
(c) City or town **Short Street**
(d) Street No. **1**
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Charles R. Rutledge**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **29** day **1** year **1941** hour **1** minute **3** M.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alice Rutledge** 6. (c) Age of husband or wife if alive **79**
7. Birth date of deceased: **October 16 1868**

21. I hereby certify that I attended the deceased from **3.14** 19**41** to **2/27** 19**41**
that I last saw him alive on **2/27** 19**41** and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **5** Days **13** If less than one day **hr. min.**

Immediate cause of death **Chr. Myocarditis?**

9. Birthplace **Caledonia Missouri**

Due to **137a**

10. Usual occupation **Farming**

Other conditions **Hypertrophic Prostate**

11. Industry or business **none**

Major findings: **Hypertrophied Prostate**
PHYSICIAN **Underline the cause to which death should be charged statistically.**

12. Name **William Thomas Rutledge**

13. Birthplace **Caledonia Missouri**
14. Maiden name **Mary E. Henderson**
15. Birthplace **Bellview Missouri**

16. (a) Informant **William Sloan**
(b) Address **Elvins, Missouri**

17. (a) **Removal** (b) Date thereof **3-29-41**
(c) Place: burial or cremation **Presbyterian Cem. Caledonia, Mo.**

18. (a) Signature of funeral director **Spark Funeral Home**
(b) Address **Elvins, Mo**

19. (a) **APR 11 1941** (b) **J. J. Bruch**

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

23. Signature **Theodore Falbath** (M. D. or other)
Address **met. Bldg of Paris** Date signed **4/3/41**

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

MOTHER FATHER

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.

Not Embalmed
Signed.....

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 this body is not embalmed, fact should be so stated above.