

FILED NOV 4 1942

Registration District No. 210

Primary Registration District No. _____

Registrar's No. 8840

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003
12 5
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5758 Pershing Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie L. Rutlege

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. A. Rutlege 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased March 29, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 23 _____ hr. _____ min.

9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Unknown
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 Clemens A. Poole

(b) Address 5758 Pershing Ave.

17. (a) Cremation (b) Date thereof 10/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT 24 1942 (Date received local registrar) J. J. Brudak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1942 hour 10 minute 10:45 P.

21. I hereby certify that I attended the deceased from 10/6/42 19____ to 10/22/42 19____;
that I last saw her alive on 10/22/42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Biliary Tract 1 year

Due to Principally due to large flukes

Other conditions Smoking Hab.
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No autopsy

Duration

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 W. D. Jones (M. D. or other) _____
Address 3651 Grandel Square Date signed 10/23/42

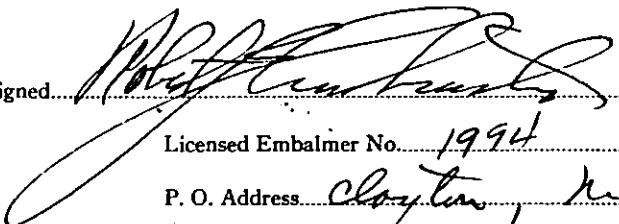
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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

working under my personal supervision.

Signed.....


Licensed Embalmer No. 1994.....

P. O. Address Clayton, Mo.....

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.