

V. S. No. 2
50M-5-42
REV. 1-25-42
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FEB 2 1943 818
Registration District No. 818

Primary Registration District No. 4000

Registrar's No. 799

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:
5702 Easton Avenue, /
(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 000

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

(d) Street No. 5702 Easton Avenue, /
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Paul Rutan

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-01-7110

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna Catherine Rutan

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 21, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	5	hr. min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER

12. Name John Rutan

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

14. Maiden name Unknown

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

16. (a) Informant Edna Catherine Rutan

(b) Address 5702 Easton Avenue

17. (a) Burial (b) Date thereof 1/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tröy, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) Jan 28 1943 (b) J. F. Wredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-3-1942 to 1-26-1943
that I last saw him alive on 1-17-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis ?

Hypertension ?

Due to Metastatic Carcinoma ?

Prostatic Carcinoma ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 51

Of operations _____

Of autopsy none

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) no

(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Nicholas Vitale (M.D. or other) MD

Address 3861 St Louis Ave Date signed 1/26/43

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



PAGE 1

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 *Wilford T. Burdick*
Licensed Embalmer No. *4208*

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.