

FILED JUL 24 1943

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 6384

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Florence N. Rutledge

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 Widowed

6. (b) Name of husband or wife Charles W. Rutledge 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sylvester Lovell Dinsmore

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

14. Maiden name Martha White

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

16. (a) Informant Miss Lottie Reynolds

(b) Address 3124 St. Vincent St.

17. (a) Burial (b) Date thereof 7 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner Burial Park

18. (a) Signature of funeral director _____

(b) Address Clayton Road at Concordia Lane

19. (a) JUL 14 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. Saum Hotel, 1919 South Grand Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
 year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 12 1942 to July 12, 1943
 that I last saw her er alive on July 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage
Hemiplegia

Due to _____

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

Major findings:
 Of operations none

Of autopsy none

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) 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? no

While at work? no (Specify type of place)
 (e) Means of injury no

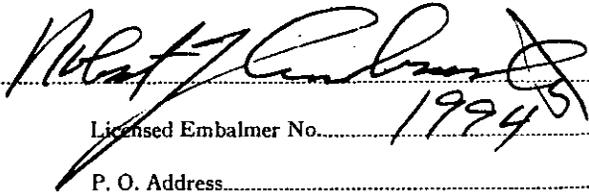
23. Signature Russell B. Vitt (M. D. or other)
 Address 3807 S. Broadway Date signed 14/11/43

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.

Signed..... 
Licensed Embalmer No..... 19945
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.