

S. No. 2  
M-5-42  
v. 5-17-38  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23577

State File No. \_\_\_\_\_

FILED JUL 17 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6205

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

1. PLACE OF DEATH

(a) County St Louis

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Peoples Hosp 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 22 7~  
years, months or days

3. (a) PRINT FULL NAME RUTH ARDELLA TUTT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 3. Color or race cal 0

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 30 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 0 4 hr. min.

9. Birthplace St Louis (City, town, or county) mo 0 (State or foreign country)

10. Usual occupation Carp

11. Industry or business Woolworth Stores

12. Name James Tuttt

13. Birthplace Brookport (City, town, or county) Ill 1 (State or foreign country)

14. Maiden name Harrie

15. Birthplace St Louis (City, town, or county) mo 0 (State or foreign country)

16. (a) Informant James Tuttt

(b) Address 4338 Page

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director J. B. Bedeck

(b) Address 2635

19. (a) JUL 2 1948 (Date received local registrar) J. B. Bedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 000

(c) City or town St Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 4338 Page 11  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 4th  
year 1943 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from June - 25, 1943, to July 4, 1943  
and that I last saw her alive on July 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Sepsis Pneumonia 5 days  
Infection from  
Acute Appendicitis 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MI

Of autopsy \_\_\_\_\_

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 J. B. Bedeck (M. D. or other) 0  
Address 481 Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

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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

*A. Richardson*

Licensed Embalmer No.

*2928*

P. O. Address.

*2625 Glasgow*

**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.**