

FILED DEC 31 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10297

1. PLACE OF DEATH:
 (a) County _____
 (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 City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Mo., 25 Days
 (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. 7023 Manchester Ave. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Rutgers
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: October 12 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 11 hr. _____ min.

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

10. Usual occupation Auto Trimmer

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Rutgers
 13. Birthplace Germany (State or foreign country)
 14. Maiden name Mary Weiting
 15. Birthplace Germany (State or foreign country)

16. (a) Informant M. Geasland
 (b) Address 5800 Arsenal St.

17. (a) Cremation (b) Date thereof 11/26/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Edith O. Umbro

(b) Address 4234 Manchester

19. (a) NOV 24 1943 (b) J. F. Bradok
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
 year 1943 hour 3:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 29, 43
1943 to Nov 23 1943
 that I last saw him alive on Nov 23
 and that death occurred on Nov 23 and was stated above.

Immediate cause of death thromboses and abscess of R. leg
 Due to thrombophlebitis brech

Due to Septic infection of undulant
etiology brech

Other conditions Myocarditis, acute bronch
 (Include pregnancy within 3 months of death) Heart

Major findings: # PHYSICIAN

Of autopsy Septic Bronch Myocarditis
Abscess of R. leg. Thrombophlebitis
 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 M. Geasland (M. D. or other) MD
 Address 5800 Arsenal St. Date signed 11/24/43

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..... *Florry Eynck*

Licensed Embalmer No..... *1284*

P. O. Address..... *St Louis 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.