

S. No. 2
DOM-5-43
ev. 5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE CITY

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13291**
3948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether _____)

In this community 9 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0279

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

(d) Street No. 4257 McPherson
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard Rutherford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-26 day 26
year 44 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from 4-18
1944, to 4-26 1944;

that I last saw him alive on 4-26 1944;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle De Forest Rutherford 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 15 1882
(Month) (Day) (Year)

Immediate cause of death Coronary failure?
or
Pulmonary embolism?

Due to _____

Due to _____

Other conditions 12/1/2
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Charge of Paint Dept. in Auto Fact.

11. Industry or business _____

12. Name Calvin Rutherford

13. Birthplace Macoupin Co., Ill. (City, town, or county) (State or foreign country)

14. Maiden name Amanda Barnes

15. Birthplace Macoupin Co., Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Ernest V. Rutherford

(b) Address Girard, Ill.

17. (a) Burial (b) Date thereof 4/29/44
(Specify: burial or cremation) (Month) (Day) (Year)

18. (a) Signature of funeral director Highland Eastland City Cem.

(b) Address Highland Eastland City Cem.

19. (a) APP 280 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations Acute Appendicitis

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? _____

23. Signature Gordon F. Moore (M. D. or other) _____

Address BARNES HOSPITAL Date signed _____

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

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17
9

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 Orville L Koch

Licensed Embalmer No. 2907 Missouri

P. O. Address Highland Ill

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.