

FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9348

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5045 Raymond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12/17
(If outside city or town limits, write "RURAL")
(d) Street No. 5045 Raymond 9
(If rural, give location) No
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1945 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1931 to Oct. 28, 1945
that I last saw him alive on Oct. 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary heart disease
Due to arteriosclerosis 2 yrs
18 yrs

Other conditions Hypertension 15 yrs
(Include pregnancy within months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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 C
23. Signature J. P. Johnson (M.D. or other)
Address 2435 N. Grand an Date signed 10/29/45

3. (a) PRINT FULL NAME Anna L. Rutherford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Robert H. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 14 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 15 _____ hr. _____ min.

9. Birthplace Kahoka Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Nurse

11. Industry or business _____

12. Name Henry Klammer

13. Birthplace Unknown Germany U
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Robert B. Rutherford

(b) Address 5045 Raymond

17. (a) Burial (b) Date thereof 10-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka, Missouri.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar, Blvd.

19. (a) OCT 29 1945 J. P. Bredbeck
(Date received local health officer) (Registrar's signature)

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

17
9

Handwritten scribbles and illegible text at the top of the page.

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 Thomas R. Jewnik
Licensed Embalmer No. 3793
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.