

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31461

Registration District No. 317 Primary Registration District No. 6076
State File No. _____ Registrar's No. 1905

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 8-2-46
In this community 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTLEDGE, William T.
3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 18
year 1946 hour 12:20 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19, 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 2, 1946 to September 18, 1946; that I last saw him alive on September 18, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 5 30 _____ hr. _____ min.

Immediate cause of death
CARCINOMA, SQUAMOUS CELL, OF CHIN, ALVEOLAR RIDGE
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Potosi, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed

Major findings: Of operations No Operation
Of autopsy No Autopsy

MOTHER FATHER
11. Industry or business _____
12. Name John Rutledge
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nolan, Maggie
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (b) Date thereof Sept. 19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair, Missouri,
C. Hoffmeister U. & L. Co.
18. (a) Signature of funeral director _____
(b) Address 7814 S. Broadway
19. (a) 9-21-46 (b) J. Gallen
(Date received local registrar) (Registrar's signature)

23. Signature L. E. Stines (M. D. or other)
Address Vet. Adm. Hosp., Jeff Bks., Mo. Date signed 9-18-46

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

OCT 18 1946

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.