

No. 2
M-5-43
5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19346
4956
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: ~~808 N. 13th St~~
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 808 N. 13th St
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County dao
(c) City or town St. Louis 17
(d) Street No. 808 N. 13th Street 9
(e) ~~Origin~~ of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mr Cornelius Rutledge
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 15th
year 1947 hour 8:40 minutes 309 M.

4. Sex M 2 5. Color or race Col
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Cornelia
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 12 21 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 4 Days 24
If less than one day hr. min.
9. Birthplace Ledon, Miss
(City, town, or county) (State or foreign country)

Immediate cause of death. Duration
Cardiovascular
Renal Disease
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 121
Of autopsy

10. Usual occupation Labor
11. Industry or business
12. Name Jack Rutledge
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Cornelia Rutledge
(b) Address 808 N. 13th St
17. (a) Burial (b) Date thereof 5-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEM
18. (a) Signature of funeral director Buslowe
(b) Address 2930 Dickson St.
19. (a) MAY 16 1947 (b) J. R. Rueder
(Date received local registrar) (Registrar's signature)

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) (Specify type of injury) 3
23. Signature of physician J. R. Rueder (M. D. or other) 3
Address _____ Date signed 5/17/47

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

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St Louis

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.