

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22584

State File No. ....

FILED JUN 27 1952

318

1003

Registrar's No. .... 5376

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>None</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>10 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5843A Lotus Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>5843A Lotus Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sidney</b>		b. (Middle) <b>Arthur</b>		c. (Last) <b>Rutherford</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6) 10) 52</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Jan 16 1898</b>	
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Machinist</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Friend Rutherford</b>			13b. MOTHER'S MAIDEN NAME <b>Jeanette Brands</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>546 12 1726</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Joseph Rutherford Rt 10 Box 20</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro Intestinal Haemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Oesophageal Haemorrhage</b> DUE TO (c) <b>Arteriosclerosis of liver</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>  <b>1 yr</b>  <b>10 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5811</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>June 10, 1952</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:25 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Paul Kingsley Webb M.D.</b>				23b. ADDRESS <b>721 Olive St.</b>		23c. DATE SIGNED <b>6-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6) 13) 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Anns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy Mo.</b>	
DATE REC'D BY LOCAL REGISTRY <b>JUN 11 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Collier's Funeral Home 10123 St. Chas. Rd.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. contacted

Dr. Webb, Chemical Bldg.  
8th + Olive

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.