

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23129

State File No. ....

FILED JUL 2 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5813

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 10 4476 Penrose Street	
3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) M c. (Last) Rutledge		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1898
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Greene County, Illinois
10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. J. Wilkinson		13b. MOTHER'S MAIDEN NAME Cora Mae Peoples	
14. NAME OF HUSBAND OR WIFE Emmett Rutledge		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emmett Rutledge 4476 Penrose	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinomatosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of transverse colon</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 10/31/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon with metastases.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 153X		22. I hereby certify that I attended the deceased from <u>10-23, 1952</u> , to <u>6-10, 1953</u> , that I last saw the deceased alive on <u>6-10, 1953</u> , and that death occurred at <u>5 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE M. Norman Oregel		23b. ADDRESS M.D. 508 North Grand Ave	
23c. DATE SIGNED 6/11/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Motor	
24b. DATE 6-19-53		24c. NAME OF CEMETERY OR CREMATORY Pine Tree Cemetery	
24d. LOCATION (City, town, or county) (State) Patterson, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE STUBMEYER & SONS 3934 N. 20th Street	
DATE REC'D BY LOCAL REG. JUN 11 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

5, 6 (Licensed Embalmers' Statements on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gustav W. Dutilleul*

Licensed Embalmer No.

*4329*

P. O. Address

*H. L. Jones*

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.