

FILED MAR 28 1955

STANDARD CERTIFICATE OF DEATH

9235

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 YRS</u>	c. CITY OR TOWN <u>ST. CHARLES</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>80920</u>	
e. STREET ADDRESS (If rural, give location) <u>HI-POINTE ACRES RT. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRENDA</u> b. (Middle) <u>KAY</u> c. (Last) <u>RUTLEDGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 24. 1955</u>		
5. SEX <u>F. /</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 14, 1951</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CINCINNATI OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WINFRED J. RUTLEDGE</u>	13b. MOTHER'S MAIDEN NAME <u>ARLENA J. TOWERS</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Winfred J. Rutledge</u>	ADDRESS <u>ST. CHARLES Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>undetermined, awaiting results on post mortem exam</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1955, to 3/24, 1955, that I last saw the deceased alive on 3/24, 1955, and that death occurred at 6:20 a.m., from the cause and on the date stated above.

23a. SIGNATURE <u>George E. Rester M.D.</u>	23b. ADDRESS <u>St Charles Mo</u>	23c. DATE SIGNED <u>3-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 26. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>oakgrove cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 25 1955</u>	REGISTRAR'S SIGNATURE <u>Franie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Prinster</u>	ADDRESS <u>St. Charles Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed *John J. Barnes*
Licensed Embalmer No. *416*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.