

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031731

FILED VS AUG 23 1960

310

Primary Registration District No. 3058

Registrar's No. 159

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b D.O.A.		c. CITY OR TOWN St. Charles TWSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 15 Harbor Grove		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ROLLY Middle RUTLEDGE Last RUTLEDGE				4. DATE OF DEATH Month Aug. Day 7 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/18/1887		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardmaster				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Rufus Rutledge				13b. MOTHER'S MAIDEN NAME Not Known				14. NAME OF HUSBAND OR WIFE Marie 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 Marie Rutledge 15 Harbor Grove							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 8-7-60			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis										1950			
DUE TO (c) Chy Myocarditis										1959			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If, deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 11-23-59 to 8-7-60 and last saw him ^{her} alive on 8-7-60 . Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Ray Johnson M.D. (Degree or title)						22b. ADDRESS Ferguson MO				22c. DATE SIGNED 8/8/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8/10/1960		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) St. Louis County		Mo.					
24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant				ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 16 -		26. REGISTRAR'S SIGNATURE Maecella Wilson					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred A. Burch

Licensed Embalmer No. 4551

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.