MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8774

File No. .....
Registered No. 2448

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St Louis (No. 3734 Moffitt St. ..... Ward)

2. FULL NAME Robert Rutherford

(a) Residence. No. 3734 Moffitt St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Rutherford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12, 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	2	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

165

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

2

PARENTS

10. NAME OF FATHER Allen Rutherford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

15

12. MAIDEN NAME OF MOTHER Anna Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

15

14. INFORMANT Mrs. L. M. Danford
(Address) 3734 Moffitt

15. FILED FEB 23, 1929 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to Feb 23, 1929 that I last saw him alive on 2/19, 1929, and that death occurred, on the date stated above, at 2 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
93C, (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

1129a

(Signed) V. J. Meinhardt, M. D.
2/23, 1929 (Address) Grand & Hebert

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
National Cemetery Jefferson Barracks	2-25, 1929.
20. UNDERTAKER	**ADDRESS**
A Kron L & U Co. 2707 N Grand	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.