

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

Do not use this space.

24696

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... # Primary Registration District No. **1003**
 City **St. Louis** (No. **5879**, **Nina Plc.**)

File No. **6125**
 Registered No.
 St. Ward)

2. FULL NAME *Helen Leighton Rutledge*

(a) Residence, No. **#5879 Nina** St., **5** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Robt L. Rutledge</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May, 6th 1879</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>2</i>
	DAYS <i>11</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo</i>		
FATHER	13. NAME <i>James L. Leighton</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Prescott Canada</i>	
MOTHER	15. MAIDEN NAME <i>Rose Pates</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Chica N. Y.</i>	
17. INFORMANT (ADDRESS) <i>Leighton Rutledge #5879 Nina Plc.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine Cem.</i> DATE <i>7-18-35</i>		
19. UNDERTAKER (ADDRESS) <i>C. R. Supton & Sons #4449 Olive St.</i>		
20. FULL TIME <i>Jul 17 1935</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 30* 19*34* to *July 17* 19*35*

I last saw *her* alive on *July 17* 19*35*. Death is said to have occurred on the date stated above, at *9 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute on a Reten sigmoid junction
46

Other contributory causes of importance:
General Carcinomatosis

Name of operation *Colostomy* Date of *11/22/34*

What test confirmed diagnosis? *Microscopic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? *X* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....

(Signed) *M. Geo. Gorman*, M. D.
 (Address) *5749 Raymond*

Registrar

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

5249 Raymond
FO 4449