

REC'D MAY 10 1938

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

Do not use this space.

13075

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City..... (No. ....)

Registration District No. **791**  
**1003**  
 Primary Registration District No. ....  
 Alexian Bros. Hospital

File No. ....  
 Registered No. **3679**  
 St. .... Ward

**2. FULL NAME**William A. Rutledge **343**

(a) Residence, No. **4050 Labadie Ave** St., Ward. **10**  
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martha J. Rutledge**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**78 10 3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stationary Engineer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Fullerton Bldg.**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Ill.**

FATHER 13. NAME **Walton Rutledge**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Marie Eno**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **John E. Rutledge**  
 (ADDRESS) **4050 Labadie Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Alton Ill.** DATE **4-21-38**

19. UNDERTAKER **Math Hermann & Son**  
 (ADDRESS) **2161 E. Fair Ave**

20. FILED **APR 28 1938** 19 **J.P. Prudock** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-18** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **4-7** 19**38**, to **4-18** 19**38**

I last saw him alive on **4-18** 19**38** Death is said to have occurred on the date stated above, at **11:25 A.m.**

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

**Chronic Myocarditis** Date of onset

Other contributory causes of importance:

**Cerebral arteriosclerosis**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?..... (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) **Edmond F. Sassin, M. D.**

(Address) **505 Humboldt Bldg.**

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.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

**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.)**