

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31060
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Rutland
 (a) Residence, No. **2830 Gamble** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

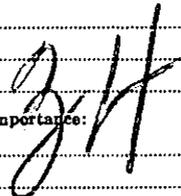
3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 15, 1902**
 7. AGE YEARS **35** MONTHS **8** DAYS **21** If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 6, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Aug. 30, 1938** to **Sept. 6, 1938**
 I last saw him alive on **Sept. 6, 1938**. Death is said to have occurred on the date stated above, at **11:45 p.m.**
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Syphilitic heart disease Date of onset **8/30/38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

Other contributory causes of importance:


FATHER
 13. NAME **Frank Rutland**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER
 15. MAIDEN NAME **Cornelia Collier**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **9-19-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Dr Richter**
3570 Rutger St

20. FILER **J. B. Seader** Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) **H. J. Lyman**, M. D.
 (Address) **2601 N Whittier**

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.

SEP 28 1938

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.