

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

34246
 Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... | Registration District No. **791**
 (b) Township..... | Primary Registration District No. **1003** Registered No. **9232**
 (c) City **St. Louis** (d) Street No. **Missouri Baptist 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **James H. Rutter**

(a) Residence, No. **NR** **Shelbina, Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Lottie M. Rutter**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21, 1866**

7. AGE YEARS **72** MONTHS **5** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 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) **Aug 1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelbina, Mo.**

FATHER 13. NAME **Michael Rutter**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **James E. Rutter**
 (ADDRESS) **Columbie, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Shelbina, Mo.** DATE **Oct 26, 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.**
 (ADDRESS) **4700 Washington Blvd.**

20. FILED **OCT 25 1938** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 2, 38** to **Oct 24, 1938**
 I last saw him alive on **Oct 24, 1938** Death is said to have occurred on the date stated above, at **10:00A** m.
 The principal cause of death and related causes of importance were as follows:

Hepatitis (acute) with cholelithiasis 1937
Pyrexias 1937
Terminal broncho pneumonia 1938
 Other contributory causes of importance:
Nephritis Chronic 1936
Myocarditis 1936

Name of operation **None performed** Date of **Sept 1938**
 What test confirmed diagnosis **Aspiration** 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? _____
 If so, specify **Chronic Bronchitis** (Signed) _____, M. D.
 (Address) **958 Arcade 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 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

J. G. Sullivan

Licensed Embalmer No. *1122*

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.

Hayer & Son