

AUG 18 1939  
 1939 SEP 7 1939

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

30285  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 1474  
 (c) City Jefferson Barracks (d) Street No. Veterans Administration Facility St. Unkn.  
 (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alphous F. Rutledge  
 (a) Residence, No. Soldiers and Sailors Home St. Quincy, Illinois  
 (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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>7</u>	<u>22</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 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 -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Illinois

FATHER  
 13. NAME Adam Rutledge  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER  
 15. MAIDEN NAME Anna A. Nichols  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Clara A. Chalkley VAF, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy, Illinois DATE Aug. 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Hunsicker & Co. 7814 S. Broadway

20. FILED AUG 18 1939 R. M. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to August 17, 1939  
 I last saw him alive on August 17, 1939. Death is said to have occurred on the date stated above, at 5:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Liver with intra-abdominal metastases.  
 Date of onset Unkn.

Other contributory causes of importance:  
None

Name of operation Exploratory laparotomy Date of 7-25-39  
 What last confirmed diagnosis? Primary carcinoma, metastatic 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 Cooking  
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.  
 (Address) VAF, Jefferson Barracks, Mo.

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 *Louis C. Hoffmeister*  
Licensed Embalmer No. *3871*  
P. O. Address *7814 S Broadway*

**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.**