

1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

371460

Registration District No.

78

Primary Registration District No.

106

Registrar's No.

1759

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days8. (a) PRINT FULL NAME Elaine Rutstein

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased Nov. 3 1895
(Month) (Day) (Year)8. AGE: Years 43 Months 11 Days 4 If less than one day _____ hr. _____ min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jule Vogeler
18. Birthplace Missouri
(City, town, or county) (State or foreign country)MOTHER FATHER { 14. Maiden name Spade
15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. M. Rutstein(b) Address 1762 Janet Pl Kirkwood Mo17. (a) Cremation (b) Date thereof 10-9-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Walhalla18. (a) Signature of funeral director James H. Bopp(b) Address 131 W. Grand St. Kirkwood, Mo19. (a) OCT 7 1939 (b) R. M. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")(d) Street No. 1762 Janet Pl.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1939 hour 2 minute 30 A.M.21. I hereby certify that I attended the deceased from Jan 1935
_____, 19____, to Oct 6, 1939that I last saw her alive on October 6, 1939
and that death occurred on the date and hour stated above:

Immediate cause of death

Cerebral hemorrhage 1 day

Duration

Due to _____

Due to _____

Other conditions acute food poisoning 1 day
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (b) Means of injury _____23. Signature C. Sheafie (M. D. _____)Address Kirkwood, Mo Date signed 10/7/39

(Licensed Embalmer's Statement on Reverse Side)

1939 MISSOURI STATE BOARD OF HEALTH - MAKE A PERMANENT RECORD

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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.....

Louis H. Bogg, Registered Apprentice No.
working under my personal supervision.

Signed.....

Louis H. Bogg
Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.