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13-40  
7-39  
X23159

**MAILED JAN 15 1941**

Registration District No. ....

Primary Registration District No. ....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 3  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: York Hotel  
(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 days)

3. (a) PRINT FULL NAME Roy R. Rutherford

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9-18-1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sullivan Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Claim Adjuster

11. Industry or business retired

12. Name John Rutherford

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Hyde

15. Birthplace Sullivan Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis A. MacKenzie

(b) Address 7293 Delmar Ave.

17. (a) Cremation (b) Date thereof 12-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 9 1940 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5023a Oleatha Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th  
year 1940 hour 1:15 minute P.M. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from March 4, 1940, to Dec 8, 1940  
that I last saw him alive on Dec 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial (acute) ?

Due to Valvular heart trouble (mitral) 12/7/40

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature Whitcomb Hall (M. D. or other) \_\_\_\_\_

Address 1628 Jones St Date signed 12/9/40

*James Moore & McRae  
before 10 AM, 1-3*

**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 *Reinhold K Lohman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.**