

FILED APR 15 1944

Registration District No. **3068**

Primary Registration District No. **3068**

Registrar's No. **869**

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Maplewood.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2754 Bartold
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis **96**

(c) City or town Maplewood **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 2754 Bartold **3**
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME George Rutter Rutter

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Eliza 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 28, 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Unknown England **4**
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Sunnen Products

MOTHER FATHER { 12. Name Richard Rutter

13. Birthplace Unknown England **4**
(City, town, or county) (State or foreign country)

14. Maiden name Ann Nicholson

15. Birthplace Unknown England **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Rutter

(b) Address 2754 Bartold Maplewood, Mo.

17. (a) Removal (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joliet, Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) APR 11 1944 (b) E. G. McEwen, Mo.
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 15
1938, to April 9 1944
that I last saw him alive on April 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis **15 yrs.**
Uremic poisoning
Due to Hypertrophy prostate
Ch. Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 1316

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature A. Steiling (M. D. owner)
Address 746 Manchester Date signed 4-9-44

MAY 4 1944

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.....

Albert Marfield
.....
Licensed Embalmer No. *3077*
.....
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.