V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

500
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1945

State File No. 15203

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4823

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2655a Geyer Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 1

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2655a Geyer Ave
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Hill

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 2nd (Day) 1887 (Year)

8. AGE: Years 58 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Monteray (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

FATHER
12. Name C. Taylor Rutledge 1
13. Birthplace (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Emily Wilson (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs Hazel Urban Daughter
(b) Address 2655a Geyer Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 31 (Day) 1945 (Year)
(c) Place: burial or cremation Rolla Missouri

18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette Ave

19. (a) MAY 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1945 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 5-16-45, 19, to 5-29-, 1945; that I last saw her alive on 5-27-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 Year
Due to	
Due to 50	
Other conditions Cause of left breast ? (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C E Wright 0 (M. D. or other)
Address 2278 S Jefferson Date signed 5-30-45

(Licensed Embalmer's Statement on Reverse Side)

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. Frank I. Dwyne

Licensed Embalmer No. 2245

P. O. Address St Louis 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, fact should be so stated above.