

FILED APR 18 1946  
318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4055 LEE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 YRS. (Specify whether)  
In this community 36 YRS. years, months or days

3. (a) PRINT FULL NAME LAURA FRANCES RUTLEDGE

3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife DANIEL RUTLEDGE  
6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased. NOVEMBER 8 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 27  
If less than one day hr. min.

9. Birthplace RICHWOOD MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name LOUIS CHARBONNEAU

13. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name HARRIET DELCOR

15. Birthplace CRYE COVER MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant VELMA MUELLER  
(b) Address 4055 LEE

17. (a) BURIAL (b) Date thereof 4-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director [Signature]

(b) Address 3934 N. 20th St.

19. (a) APR 8 1946 J. F. Bredet  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS 107  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4055 LEE 9  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5  
year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 2 JANUARY 1942 to APRIL 5 1946  
that I last saw her alive on APRIL 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: General Arteriosclerosis 15 yrs.  
+ Thrombosis of Coronary Artery 1 week

Due to

Due to

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

Major findings: None  
Of operations None

Of autopsy None

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 Frank A. Bailey (M. D. or other) M.D.

Address 2602 So. Grand Blvd. 1 Date signed 4-6-46

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

14055

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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.**