S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28919

FILED SEP 4 1947 #71270

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8030

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital - ax C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1425 Sullivan Ave. 9
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VERLEY LEE CARUTHERS

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-05-8193

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife BETTY CARUTHERS

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July (Month) 22 (Day) 1909 (Year)

8. AGE: Years 38 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Dickson County TENNESSEE (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business LaClede Gas Co

FATHER
12. Name JAMES CARUTHERS
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant MRS. BETTY CARUTHERS
(b) Address 1425 Sullivan Ave.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Aug. 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crem

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATH BRIDGE BL

19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd year 1947 hour 9:40 minute P M.

21. I hereby certify that I attended the deceased from 8/22/47, 19, to Aug. 23rd, 1947; that I last saw him alive on Aug. 23rd, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Carcinoma brain (Sarcoma metastatic)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Roscoe F. Morton M.D. (M. D. or other)

Address 1515 Lafayette Date signed 8/25/47

Jefferson City Printing Co.

(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 John A. Milner

Licensed Embalmer No. 4186

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.