S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11120

Registrar's No. 874

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Black Jack Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Florissant Station R.1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anne Rutschmann

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Rutschmann

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April (Month) 14 (Day) 1868 (Year)

8. AGE: Years 73 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Robert Guntly
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Elizebeth Sommers
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Lillie Maierletto

(b) Address Florissant Station R.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Diedrich F. Hoene

(b) Address 8319 Halls Ferry Rd.

19. (a) 4-5-48 (Date received local registrar) (b) Beula J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1948, to Apr 2 1948
that I last saw her alive on Apr 1 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy massive	6 hrs
Due to	
Due to Hypertension	?
Other conditions 83a (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 [signature] (M. D. or other)

Address 6700 W Florissant Date signed Apr 7/48

(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 Ernest W. Gillars

Licensed Embalmer No. 4080

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.