

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31814

State File No. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8484

1. PLACE OF DEATH a. CITY OR TOWN St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4077 Haven		d. STREET ADDRESS 4077 Haven	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Edward	c. (Last) Rutherford	4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 9, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Insecticide	11. BIRTHPLACE (State or foreign country) Murphysboro, Ill. /	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Rutherford	13b. MOTHER'S MAIDEN NAME Margaret Galangin	14. NAME OF HUSBAND OR WIFE Viola Rutherford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) yes WW-1	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Viola Rutherford	ADDRESS 4077 Haven
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 321X
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22. I hereby certify that I attended the deceased from April 18, 1950, to 22 Sept, 1951, that I last saw the deceased alive on 22 Sept, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. G. Mullarky, M.D.	(Degree or title)	23b. ADDRESS 3804 Wilmington	23c. DATE SIGNED 24 Sept 51
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24a. BURIAL, CREMATION REMOVAL (Specify) removal	24b. DATE 9/25/51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Bks, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 25 1951 J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.