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FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3702

State File No. 1010
Registrar's No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnard Free Skin & Cancer Hosp.		d. STREET ADDRESS (If rural, give location) 512 E. 3rd Street	
3. NAME OF DECEASED (Type or Print) a. (First) Susie b. (Middle) C. c. (Last) Rutledge			4. DATE OF DEATH (Month) (Day) (Year) 1 26 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-11-1884
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri, Farber
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Clark	
13b. MOTHER'S MAIDEN NAME Mary Anderson		14. NAME OF HUSBAND OR WIFE Elmer Rutledge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Hospital Record - Barnard Hospital
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of Cervix 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 None.		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 171X		22. I hereby certify that I attended the deceased from 1-12 , 19 53 , to 1-26 , 19 53 , that I last saw the deceased alive on 1-26 , 19 53 , and that death occurred at 9:10 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Albert Goldhar M.D.		23b. ADDRESS M.D. Barnard Hospital - St. Louis, Mo.	
23c. DATE SIGNED 1-27-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-28-53		24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery	
24d. LOCATION (City, town, or county) (State) Alton, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. JAN 28 1953		ADDRESS 4700 Washington Blvd.	

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

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

working under my personal supervision.

Student Embalmer No.

Signed Guy W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.