

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12688**

No. 300
10.48

FILED APR 3 1953

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 546	Registrar's No. 816
1. PLACE OF DEATH a. COUNTY ST. LOUIS OVERLAND MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4485 RICHMOND HEIGHTS		
c. LENGTH OF STAY (in this place) 2 MONTHS		d. STREET ADDRESS (If rural, give location) 1119 BELLEVUE AVE.		
d. FULL NAME OF HOSPITAL OR INSTITUTION OVERLAND RESTORUM				
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) RUTGER		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) MAR. 14 1953				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 7, 1875	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 77 3 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WILLIAM F. RUTGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MYRTLE RUTGER 1119 BELLEVUE
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) Terminal Broncho pneumonia ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3-4 da
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 447K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 22 Jan , 19 53 , to 13 Mar , 19 53 , that I last saw the deceased alive on 13 Mar , 19 53 , and that death occurred at 4:00 P m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS 2438 Woodland Rd Overland Mo		23c. DATE SIGNED 3/16/53
24a. BURIAL CREMATION REMOVAL (Specify) CREMATION		24b. DATE MAR. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert R. Smith - M.D. 9. H. Bocklage 6536 Clayton St		

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Frank J. Farmer

Licensed Embalmer No. *4788*

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.