

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16162**  
Registrar's No. **3519**

FILED APR 18 1953 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. LOUIS 2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4008 COOK</b>		d. STREET ADDRESS (If rural, give location) <b>4008 COOK AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b> b. (Middle) <b>RUTLEDGE</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>3 30 53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 26-04</b>	9. AGE (In years last birthday) <b>49</b>	10. CITIZEN OF WHAT COUNTRY? <b>INDIANAPOLIS, IND</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	

13a. FATHER'S NAME <b>John Rutledge</b>	13b. MOTHER'S MAIDEN NAME <b>Thelma Young</b>	14. NAME OF HUSBAND OR WIFE <b>Bettie Rutledge</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bettie Rutledge 4008 Cook</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		DUE TO (b) <b>Bronchogenic Carcinoma Left Lung</b>		<b>4 Mos.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>(Post Operated)</b>		<b>9 Mos.</b>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>Nov. 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Branchogenic Ca of Left Lung</b>	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)
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? <b>162X</b>

22. I hereby certify that I attended the deceased from **7-21-1952** to **3-30-1953** that I last saw the deceased alive on **3-30-1953** and that death occurred at **11:35 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Russell W. White, M.D.</b>	23b. ADDRESS <b>2424a N. Sarah St.</b>	23c. DATE SIGNED <b>3-30-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>4-3-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>		

DATE REC'D BY LOCAL REG. <b>APR 3 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. F. Walter 2707 S. Fordard</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS MAR 30 1960

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.