

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32620

State File No.

4001

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2237

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wellston</u>		c. CITY OR TOWN <u>Wellston</u> <u>430</u>	
c. LENGTH OF STAY (in this place) <u>17 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1724 Grove</u>		STREET ADDRESS (If rural, give location) <u>1724 Grove</u>	
3. NAME OF DECEASED a. (First) <u>FRED W.</u> b. (Middle) <u>RUTZKE</u> c. (Last) <u>SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1873</u>
9. AGE (In years, last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frederick Rutzke</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhemenia Grastat</u>	14. NAME OF HUSBAND OR WIFE <u>Emma M. Rutzke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Rutzke, 1724 Grove</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Damage</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sept 19 1954</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>	
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) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>	
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 <u>1928</u> to <u>9/20</u> , 1954, that I last saw the deceased alive on <u>9/20</u> , 1954, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D.C. Todd M.D.</u>		23b. ADDRESS <u>5669 Cabanne Ave</u>	23c. DATE SIGNED <u>9/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
DATE REC'D BY LOCAL DEP. <u>9/22/54</u>	REGISTRAR'S SIGNATURE <u>Harold S. Tomke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CRAIG, 4700 Washington -8-</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John J. Haines*.....
Licensed Embalmer No. *4105*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.