

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18570  
State File No. 18570  
Registrar's No. 4762

BIRTH 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 **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **6341 Mardel Ave.**  
e. STREET ADDRESS (If rural, give location) **14 6341 Mardel Ave. 21490**

3. NAME OF DECEASED (Type or Print)  
a. (First) **WILLIAM** b. (Middle) **IRWIN** c. (Last) **RUTHERFORD**  
4. DATE OF DEATH (Month) (Day) (Year) **May 15 1956**

5. SEX **C Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**  
8. DATE OF BIRTH **Dec. 31, 1898** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Insurance Broker**  
10b. KIND OF BUSINESS OR INDUSTRY **Self Employed**  
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William I. Rutherford** 13b. MOTHER'S MAIDEN NAME **Amanda Helwig** 14. NAME OF HUSBAND OR WIFE **Ruth Rutherford**

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. **496-22-1074** 17. INFORMANT'S SIGNATURE OR NAME **Mildred Hagedorn** ADDRESS **6341 Mardel Ave.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary occlusion**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coronary atherosclerosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Cardiac insufficiency**  
INTERVAL BETWEEN ONSET AND DEATH  
**1 hr**  
**5 yr**  
**2 yr**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **420.1** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **3/14/55**, 19**55**, to **5/14**, 19**56**, that I last saw the deceased alive on **5/14/56**, 19**56**, and that death occurred at **W.A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **T. D. Playbock** 23b. ADDRESS **1415 Salsburg 7, St. Louis** 23c. DATE SIGNED **5/16/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 18, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAY 16 1956** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *4229*

P. O. Address *220 So. King*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.