

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024192
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1550

S. 300
1-57
001

A

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NORMANDY 4170 C
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O'Sullivan Nursing Home		Length of stay in lb 25 Months	d. STREET ADDRESS (If outside, give location) 3715 ST ANN'S LANE
3. NAME OF DECEASED (Type or print) First ADDA Middle RUTHERFORD Last RUTHERFORD		4. DATE OF DEATH Month June Day 9 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/17/1871
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory		10b. KIND OF BUSINESS OR INDUSTRY worker	11. BIRTHPLACE (City and state or country) O'Fallon Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Rutherford	
13b. MOTHER'S MAIDEN NAME Elizabeth DeLong		14. NAME OF HUSBAND OR WIFE None	
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. unk.	17. INFORMANT Address Mrs. Leslie Shirk 1136 Bakewell
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old left hemiplegia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 27, 1956 to June 9 1958 and last saw her ^{her} alive on June 2, 1958 Death occurred at 5.15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leves Lutzmann M.D.		22b. ADDRESS 8321 Clayton Road	22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 11 1958	23c. NAME OF CEMETERY OR CREMATORY Protestant Cem.	23d. LOCATION (City, town, or county) (State) Shiloh Illinois
24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary 6633 Clayton Road		25. DATE RECD. BY LOCAL REG. 6-10-58	26. REGISTRAR'S SIGNATURE Herbert A. Romke MD

197.

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 *Elton R. Penick*

Licensed Embalmer No. *4283*
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.