

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

-60-025165

INDEXED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1962 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>JEFFERSON BARRACKS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>320 KINGSTON DRIVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ADD BLANCHE HURST</u>			4. DATE OF DEATH Month Day Year <u>6 26 1960</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>M</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-28-05</u>	9. AGE (last birthday) <u>54-7-2</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOL</u>	11. BIRTHPLACE (City and state or country) <u>WATGROSS NEW MEXICO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES A. RUTLEDGE</u>	13b. MOTHER'S MAIDEN NAME <u>MARTINA TIPTON</u>	14. NAME OF HUSBAND OR WIFE <u>WADSWORTH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-24-6772</u>	17. INFORMANT <u>Dr. E. H. ... 310 Kingston Drive</u> Address <u>St. Clair 758</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Amyotrophic Lateral Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 6/18/60 to 6/26/60 and last saw her alive on 6/26/60.
Death occurred at 322 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Karl Bunsie M.D.</u>	22b. ADDRESS <u>206 W. Argonne Kirkwood</u>	22c. DATE SIGNED <u>6/27/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>6-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OUR GORE CEMETORY</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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24. FUNERAL DIRECTOR <u>NITTELDERS</u> ADDRESS <u>Wheeler Groves Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-28-60</u>	26. REGISTRAR'S SIGNATURE <u>John E. Murphy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

