

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034652  
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 8736

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Frankland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo.		c. CITY OR TOWN St. Clair Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 044 Barnes Hosp.		d. STREET ADDRESS (If outside, give location) 31 none	
3. NAME OF DECEASED (Type or print) First Middle Last James William Rutledge		4. DATE OF DEATH Month Day Year Sept. 10, 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 18/1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY Union Electric Co.	9c. BIRTHPLACE (City and state or country) St. Clair, Mo.
10a. FATHER'S NAME James Rutledge		10b. MOTHER'S MAIDEN NAME Nancy Estes	10c. NAME OF HUSBAND OR WIFE Rubina Mae Rutledge
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None		11. SOCIAL SECURITY NO. 494-07-2289	11. INFORMANT Rubina Rutledge, St. Clair, Mo. Address
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURED ABDOMINAL AORTIC ANEURYSM DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 451 X CONDITIONS, if any, which give rise to above cause, state them in full and underline them. 9-10-58			12. INTERVAL BETWEEN ONSET AND DEATH 96 HOURS UNKNOWN
13. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			13. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
14. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		14. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
15. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
16. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		16. CITY, TOWN, OR LOCATION COUNTY STATE	
17. I attended the deceased from SEPT. 9, 1958 to SEPT. 10, 1958 and last saw her/him alive on SEPT. 10, 1958 Death occurred at 12:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
18. SIGNATURE (Degree or title) C. L. Vermillion, M.D.		18. ADDRESS BARNES HOSPITAL	
19. DATE SIGNED 9/10/58			
20. BURIAL, CREMATION, REMOVAL (Specify) Burial		20. DATE 23b. DATE sept 12 1958	
20. NAME OF CEMETERY OR CREMATORY Odd Fellow Cem.		20. LOCATION (City, town, or county) (State) St. Clair, Mo.	
21. FUNERAL DIRECTOR Address Sherwood W. Kitchell St. Clair, Mo.		21. DATE RECD. BY LOCAL REG. FEB 10 '58	
21. REGISTRAR'S SIGNATURE		21. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Secretary, coroner, etc. may use only standard nonconformers in their title. NO abbreviations will be tolerated. All diseases in Part I must be causally related.

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 *Shemuel W. Kitchell* .....

Licensed Embalmer No. *3873* .....

P. O. Address *St. Clair, Mo.* .....

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.