

FILED MAR 9 1945

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1860

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Convent Good Shepherd (3801 Gravois
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 Years
(Specify whether
 In this community Dont Know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 17
 (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3801 Gravois Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME ELLA RUTZ
 3. (b) If veteran, name war

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 24,
 year 1945 hour 12:30 minute P. M.

4. Sex Female / 5. Color or race White
 6. (a) Single, ~~Married~~ Single
 6. (b) Name of husband or wife

21. I hereby certify that I attended the deceased from Oct 1942
 to Feb 19 1945
 that I last saw her alive on Feb 19 1945
 and that death occurred on the date and hour stated above.

7. Birth date of deceased February 24, 1872
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
 Duration 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>0</u>	hr. min.

Due to

9. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation At Home

Other conditions 93
(Include pregnancy within 3 months of death)

11. Industry or business

Major findings:
 Of operations

12. Name Charles Rutz, (deceased) 9
 13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name May Rutz (deceased) 9
 15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Sister Mary of St. Francis Xavier
 (b) Address 3801 Gravois Ave.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 2-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)

(c) Place: burial or cremation Calvary Cemetery

(b) Date of occurrence

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 2600 Lindell Blvd

(c) Where did injury occur?

19. (a) Feb 26 1945 (b) J. F. Breach
(Date received by Registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

100
17
9

Mr. Dorothy Jones
67 Central Ave
Camden
8 min

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3846 Lindell

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 this body is not embalmed, fact should be so stated above.