

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3382

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis,**

(No. **2813 Meramec Street**)

File No.

Registered No. **1014**

St. Ward)

2. FULL NAME

Bernard H. Rust.

(a) Residence, No. **2813 Meramec Street**, **15** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF **Emma Rust.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 24, 1867.**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
59		9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Organizer.**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer **Western Catholic Union.**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis, Mo.,**

10. NAME OF FATHER **Bernard Rust.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Helena Menne.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14. INFORMANT **Martin A. Rust**

(Address) **4110 Oregon Avenue.**

15. FILED **Jan 28 1927**

19.

May 6 Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 28th 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 20th 1926** to **Jan 28th 1927**.

that I last saw him alive on **Jan 26th 1927**, and that death occurred, on the date stated above, **4** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Basmorrhage Apoplexy

CONTRIBUTORY (SECONDARY) **Arterio sclerosis**

(duration) **about** yrs. mos. da.

(duration) **and** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Chas. T. Schneider**, M. D.

Jan 28th 1927 (Address) **3860 S Broadway**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

SS. Peter & Paul Cemetery

DATE OF BURIAL

Jan. 31 1927

20. UNDERTAKER

ADDRESS

2842 Meramec St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

George Washington University

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