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

Do not use this space.

17825

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. St. Anthony Hospital. St. ..... Ward)

File No. ..... Registered No. 4948.

2. FULL NAME Clara B. Rust.

(a) Residence. No. 4119 Oregon Avenue. St., 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married. |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Martin A. Rust.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24, 1869.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 2 | 25. | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis,

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Lodenkaemper.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Mary Potts.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany.

14. INFORMANT Walter J. Rust.

(Address) 4119 Oregon Avenue.

15. MAY 21 1930 FILED ....., 19..... Clar C Starkey REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1930.

17. I HEREBY CERTIFY, That I attended deceased from 5/3, 1930, to 5/19, 1930, that I last saw h. alive on 5/18 1930, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy +
Cancer of Breast
(duration) ..... yrs. 30 min. mos. ..... ds.

CONTRIBUTORY (SECONDARY) Post-operative Breast amputation for Cancer (duration) ..... yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 4119 Oregon Ave

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/10/30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Chas A Geiken, M. D.

5/20, 1930 (Address) 3115 S. Grand Ave

*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 | DATE OF BURIAL |
|---|---|
| SS. Peter & Paul Cemetery. | May 22, 1930. |

20. UNDERTAKER H. Gerken L & U Co. ADDRESS 2842 Meramec.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.