

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Whittier
City Whittier

Registration District No. 791
Primary Registration District No. 1003
(No. 2831)

File No. 38082
Registered No. 11236
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2831 Whittier St. 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
69 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Franklin & Co
(c) Name of employer Franklin & Co

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER August Rust

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Theresa Bruckner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mr. Carrie Rust
(Address) 2831 Whittier St

15. FILED Nov 29 1930 May C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 10 - 15 - 1930, to 11 - 28 - 1930, that I last saw him alive on 11 - 28 - 1930, and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

925
97 Myocarditis Chronic
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) Charles Leves, M. D.

11/28. 1930 (Address) 2831 Whittier

*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 Bethanien DATE OF BURIAL 12 - 1 1930

20. UNDERTAKER Wagon L & Co ADDRESS 2707 N Grand

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.

1874

1875

1876

1877

1878

1879

1880