

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis,(No. St. Anthony Hospital,

File No.....

3417

Registered No.....

316

St. Ward)

2. FULL NAME

Othmar C. 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single.

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

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

Aug. 16, 1905.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

27422

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

Martin A. Rust.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Clara B. Lodenkemper.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Walter J. Rust, 4119 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL

SS Peter & Paul Cem. DATE Jan. 11, 1933.

19. UNDERTAKER (ADDRESS)

J. H. Gibken, L. & Co. 2842 Permeo St.

20. FILED

JAN 10 1933Max C. Jarver

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from

12/29, 1932, to 1/7, 1933I last saw him alive on 1/7, 1933 Death is saidto have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

1/7/33

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Phil H. Scherck, M. D. 3115 S. Grand Ave.

