

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.

37923

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital #1)

File No. 9545
Registered No.
St. Ward)

2. FULL NAME MAUDE RUST

(a) Residence, No. 3928 Westminster Pls. Ward. 19
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF John M. Rust

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME William E. Hancock

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

15. MAIDEN NAME Frances Jackson

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

17. INFORMANT John M. Rust
(ADDRESS) 3928 Westminster Pls.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Wood Park DATE Nov. 6 1933

19. UNDERTAKER C. W. McLaughlin
(ADDRESS) 1631 Mississippi St.

20. FILED 11-10-33 19 33
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 5:15 a.m.

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

Date of onset

Coronary Occlusion
Broncho-Pneumonia

Other contributory causes of importance:

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

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

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) Harold A. Clark, M.D.

(Address) St. Louis

