APR 9 1935

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

Do not use this space.

791

11214

2866

1. PLACE OF DEATH

County...........

Township _St. Louis_

Registration District No. ....

Primary Registration District No. **1003**

City _St. Louis_ (No. _City Hosp #1_ St. .... Ward)

File No. ....

Registered No. ....

2. FULL NAME 21104 _Louis Rust (Rust)_

(a) Residence, No. _730 S 2nd_ St., _95_ Ward.

(Usual place of abode)

Length of residence in city or town where death occurred _2_ yrs. mos. _22_ 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 _M_

4. COLOR OR RACE _W_

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) _March 3 1901_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	—	20	

OCCUPATION

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

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) _Germany_

FATHER

13. NAME _Joseph Rust_

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

MOTHER

15. MAIDEN NAME _Elizabeth J._

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

17. INFORMANT (ADDRESS) _Hosp Records City Hosp #1_

18. BURIAL, CREMATION, OR REMOVAL PLACE _New SSP & Paule Cem_ **DATE** _March 28_ 1935

19. UNDERTAKER (ADDRESS) _E. J. Schnur 2335 Lafayette Av._ _J Bredeck_

20. FILED .... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _3/24_ 1935

22. I HEREBY CERTIFY, That I attended deceased from _3/22_ 19 35 to _3/24_ 19 35

I last saw h.... alive on _3/24_ 19 35. Death is said to have occurred on the date stated above, at _8_ m.

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

Date of onset

Cirrhosis of Liver

_124b_

Other contributory causes of importance:

Ruptured Esophageal Varix

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) _Robert J Faire_ , M.D.

(Address) _City Hosp #1_