

REC'D JUN 9 1938

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

16460
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Children's Hospital #91 Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____ Registered No. 4321
 (c) City St. Louis (d) Street No. St. Louis Children's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Euelyn Rustemeyer 235
 (a) Residence, No. 6416 Myrtle St. St. Louis County
 (Usual place of abode, if no street address, write county or city) (If non-resident, 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) C. child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 9 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 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) Jefferson City, Missouri

FATHER 13. NAME Anton Rustemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek, Missouri

MOTHER 15. MAIDEN NAME Mary Reinke Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Mo.

17. INFORMANT (ADDRESS) F. Davis
520 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity ms DATE 5-11-38

19. FUNERAL DIRECTOR (ADDRESS) Martin F. Muehlhans
Highway mo

20. FILED MAY 11 1938 J. D. Brebeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-38 .19

22. I HEREBY CERTIFY, That I attended deceased from 4-4-38, 1938, to 5-10-38, 1938.

I last saw h. e. c. alive on 5-10-38, 1938. Death is said to have occurred on the date stated above, at 5:45 p. m.

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

Brain Tumor, Benign
Craniopharyngioma Date of onset 1936

Other contributory causes of importance: St. L.

Name of operation Craniotomy Date of 4-6-38

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 _____, 1938

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? No

If so, specify _____

(Signed) Frank Wedgwood, M. D.

(Address) Children's Hospital
502 S. Kingshighway, St. Louis

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Howard P. Rowland

Licensed Embalmer No. *3114*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)