

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19943

Do not use this space.

5082

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred

Registration District No. 791Primary Registration District No. 1003Registered No. 5082(d) Street No. St. Anthony Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME

Martin A. Rust(a) Residence, No. 4119 Oregon Ave. St. 15

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFClara B. Rust6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.74107

OCCUPATION

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

9. Industry or business in which work was done, as 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

Bernard Rust

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

Germany

MOTHER

15. MAIDEN NAME

Helena Menne

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

Germany17. INFORMANT (ADDRESS) Martin L. Rust
4119 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter and Paul Cem. DATE June 6 1938

19. FUNERAL DIRECTOR (ADDRESS)

J. H. Gebken & Co.
2842 Laramie St.

20. FILED

JUN 3 1938

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 19 38

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 7 1937 to June 1938I last saw him alive on June 2 1938 Death is saidto have occurred on the date stated above, at 9:15 A.M.

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

Date of onset

Human legs from Industrial May 28-30upper

Other contributory causes of importance:

Myocarditis Ch ?arterio sclerosis General ?Name of operation none Date ofWhat test confirmed diagnosis? Autopsy 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

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) Robert G. Warner M. D.(Address) 1115 Paul Brown Bldg.St. Louis, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Herman A. Gebken
Licensed Embalmer No. 2120

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.)