

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10938

1. PLACE OF DEATH: LUIS  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
In this community about 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dr. John Benjamin Rule  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Helen M. Rule 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased May 9 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louisiana Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation physician

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Edward Byran Rule  
13. Birthplace \_\_\_\_\_ Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Burbridge  
15. Birthplace Louisiana Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis Burling  
(b) Address 7161 Delmar Blvd.

17. (a) burial (b) Date thereof 12/23/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Abraham & Sons  
(b) Address 6175 Delmar Blvd.

19. (a) DEC 22 1939 (b) J.F. Burdick  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5831 Clemens Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1939 hour 12 minute 25 P. M.  
21. I hereby certify that I attended the deceased from Dec 9, 1939  
to Dec 21 1939  
that I last saw him alive on Dec 21 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOGENIC CARCINOMA, LEFT LUNG  
Duration ?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: HA  
Of operations \_\_\_\_\_  
Of autopsy BRONCHOGENIC CARCINOMA LEFT LUNG

PHYSICIAN  
Underline the cause to which death could be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John T. Kennedy, M.D. (M. D. or other)  
Address 3015 South Grand Date signed 12/24/39

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Albert E. White....., Registered Apprentice No. 209  
working under my personal supervision.

Signed J. Wm. Bunker  
Licensed Embalmer No. 3653  
P. O. Address Jh. Lewis, Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**