

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED MAY 19 1942 91

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 1003

13020  
 State File No. ....  
 Registrar's No. 4195

Registration District No. .... Primary Registration District No. ....

820

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (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:  
619 Harris Ave  
(If addn hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County.....  
 (c) City or town st. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 619 Harris  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Jessie Mason Rush  
 3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 10  
 year 1942 hour 12 minute 38 A.M.

4. Sex male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Etta Rush 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased Sep 26 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 7 14 hr. .... min.

Immediate cause of death.....  
Cerebral thrombosis  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
83 yr old

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name John Rush  
 { 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Louise Wishone  
 { 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dora Mae Lewis  
 (b) Address 529 Monroe St, Charles Mo.  
 17. (a) Removal (b) Date thereof 5/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fieldon Mo.

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.....

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address MAY 4700 Washington  
 19. (a) MAY 12 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

23. Signature James J. Kilgamer (M. D. or other)  
 Address..... Date signed 5/10/42

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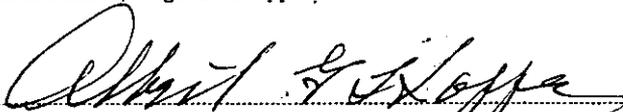
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**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2471.....

P. O. Address.....

**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, fact should be so stated above.**