

FILED DEC 1 1942
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35848
State File No.
Registrar's No. 9695

Registration District No. Primary Registration District No. 1003

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:
In Machine 16th & Delmar Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
25 Years (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. 5330 Zealand Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leslie E. Rule

3. (b) If veteran, name war None 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 Millie L. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 22, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 29
hr. min.

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

10. Usual occupation Clerk

11. Industry or business Shoe Store

12. Name Jarrett Rule

13. Birthplace Pinckeyville Ill
(City, town, or county) (State or foreign country)

14. Maiden name Belle Horner
(City, town, or county) (State or foreign country)

15. Birthplace Marshall Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Millie L. Rule

(b) Address 5330 Zealand Avenue

17. (a) Burial (b) Date thereof 11/ 23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) NOV 21 1942 (b) J F Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 20
year 1942 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from 10-9 to 11-13 1942
that I last saw h..... alive on 11-13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 10 yrs
Hypertension

Due to.....
Due to.....
Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should 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?
(Specify type of place) (e) Means of injury.....
While at work?.....
23. Signature Chas. J. East (M. D. or other) M.D.
Address 3500 N. Grand Date signed 11-20-42

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

MOTHER FATHER

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.....

Francis C. Williamson

Licensed Embalmer No.

3565

P. O. Address.....

St Louis 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, fact should be so stated above.