

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29827

FILED OCT 6 1944

State File No.

8381

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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:
Forest Park Hotel - 490 West Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lou Harris Rust

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex F 5. Color or race W
6. (b) Name of husband or wife Marshall Rust
6. (c) Age of husband or wife if
7. Birth date of deceased April 26 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 5 _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Nathaniel Wilson Harris
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna Merriweather Jones
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. Harris
(b) Address Ferguson, Missouri.

17. (a) Burial & Removal (b) Date thereof Oct. 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Missouri

18. (a) Signature of funeral director L. M. White
(b) Address Ferguson, Missouri

19. (a) OCT 2 1944 (b) J. T. Bredeek
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 27
(c) City or town Pilot Grove
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from
2-6 1943 to 10-1 1944;
that I last saw him alive on 10-1 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of stomach
nutritional edema
Duration
1 1/2 yrs.
1 month.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach
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 _____
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 M. Norman Orger (M. D. or other) M.D.
Address Missouri Theatre Bldg Date signed 10-2-44

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Orger

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

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

L. E. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, 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.