

DEPARTMENT OF COMMERCE,  
BUREAU OF THE CENSUS  
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

8202

Registration District No. 818

Primary Registration District No.

1003

Registrar's No. 2091

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..... BARNES Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month 4 Days  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Vernon Arnold Rust

3. (b) If veteran, name war..... None  
3. (c) Social Security No. 327-07-3712

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... Viola Rust 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased..... July 29 1915  
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 3 If less than one day  
hr. min.

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

10. Usual occupation Roller

11. Industry or business Steel Plant

12. Name..... Fred Rust  
13. Birthplace Dorchester Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Bertha Grady  
15. Birthplace Bunker Hill Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Rust  
(b) Address 806 Boedale Alton Ill.  
17. (a) Burial (b) Date thereof Mar. 5, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Alton, Illinois  
18. (a) Signature of funeral director Robert H. Streep  
(b) Address 2521 Edwards St. Alton, Ill.  
19. (a) MAR 5 1945 (b) J. F. Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town..... Alton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 806 Boedale Ave.  
(If rural, give location)  
(e) Citizen of foreign country..... No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2  
year 1945 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from 1-30, 1945 to 3-2, 1945  
that I last saw him alive on 3-2-45  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pneumonia

Due to Pile and Pancreatic juice

Due to Anastomotic leaks  
after op. for Carcinoma of Ampulla  
of Vater  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Ampulla of Vater  
Of operations.....  
Of autopsy..... Same

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?

While at work..... (Specify type of place)  
(e) Means of injury.....  
23. Signature J. F. Barnes (M. D. or other)  
Address Barnes Hosp. Date signed 3/2/45

(Licensed Embalmer's Statement on Reverse Side)

M. D. Hatch

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.....

*Robert H. Streper*

Licensed Embalmer No..... *2474*

P. O. Address..... *Alton, Ill.*

**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.**