

FILED APR 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3158

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:
4226 Peck St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ Life _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William G. Rust

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Katherine Rust 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased March 4, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 3 hr. min.

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

10. Usual occupation Retired - Gunsmith

11. Industry or business _____

12. Name August Rust
 13. Birthplace Hannover, Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Albertina Nagel
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Rust

(b) Address 4226 Peck St.

17. (a) Burial (b) Date thereof April 10, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 9 1945 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4226 Peck St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
 year 1945 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from March 10 1945 to April 7 1945
 that I last saw him alive on April 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Duration 2 days

Due to cardio-renal disease and Hypertension yrs.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 131
 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?

23. Signature Arthur S. Snelson (Specify type of place) _____
 Address 2202 University St. (e) Means of injury _____
 Date signed 4/9/45

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

Ronald Yahrke
3917

Licensed Embalmer No.

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.