S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11598

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2987

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:
3304 Salena
(If not in 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 000 17

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3304 Salena 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ROBERT V. RUSERT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 5, (Day) 1944 (Year)

8. AGE: Years 1 Months 5 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Fred Rusert
13. Birthplace Arkansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Alma Lose
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Fred Rusert
(b) Address 3304 Salena

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) MAR 29 1946 (Date received local registrar) (b) J. F. Bieleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 12 minute 15-9 M.

21. I hereby certify that I attended the deceased from March 20, 19, to March 26, 1946
that I last saw him alive on March 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 157

Major findings:
Of operations

Of autopsy

Duration 17 MO

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)

While at work? (e) Means of injury 0

23. Signature J. L. Ferrer (M. D. ~~or other~~)

Address 4665 So Grand Date signed 3/29/46

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Fendla

Licensed Embalmer No. 4448

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.