

**FILED MAY 31 1946**

1003

Registrar's No.

3807

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4417 Vista Ave., St. Louis, Missouri  
(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)

3. (a) PRINT  
FULL NAME

John William Rust.

3. (b) If veteran,

name war..... No.

3. (c) Social Security

No. 459-20-9954

4. Sex..... M.....  
5. Color or race..... W.....  
6. (a) Single, widowed, married, divorced..... married  
6. (b) Name of husband or wife..... Virginia  
6. (c) Age of husband for wife if  
alive..... 57 years  
7. Birth date of deceased..... Sept. 15 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 7 8 hr. min.

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

10. Usual occupation..... Mail Clerk

11. Industry or business.....

12. Name..... Samuel Rust  
13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Anna Nancy  
15. Birthplace..... At Sea  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Virginia Rust  
(b) Address..... 4417 Vista Ave.  
17. (a) Burial (b) Date thereof..... April 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... New Pickers

18. (a) Signature of funeral director..... Jay B. Smith Maplewood Mo.  
(b) Address..... 7456 Manchester Ave.

19. (a) APR 26 1946 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

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..... 4417 Vista Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April..... day..... 23rd.....  
year..... 1946..... hour..... 11..... minute..... 50 P.A.M.

21. I hereby certify that I attended the deceased from.....  
Oct. 12, 1946, to..... April 23, 1946  
that I last saw him alive on..... April 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of lung  
Duration..... 6 years

Due to.....  
Due to.....

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

Major findings:

Of operations.....  
Of autopsy.....  
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.....

23. Signature..... Lin F. Dean..... (M. D. or other).....  
Address..... 8029 7th St. The Wood..... Date signed..... 4/25/46

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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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 7456 Manchester

**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.