

FILED JUL 31 1946

Registration District No. Primary Registration District No. 1003

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:
3627 Lafayette Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 60 Years
years, months or days)

3. (a) PRINT FULL NAME George A Rust
3. (b) If veteran, name war..... 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..... Laura 6. (c) Age of husband or wife if alive..... 80 years
7. Birth date of deceased..... September 25th 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 0 hr. min.

9. Birthplace..... Hasting England
(City, town, or country) (State or foreign country)

10. Usual occupation..... Assisant Auditor

11. Industry or business..... Mo Pac RR Co

12. Name..... Frederick Rust

13. Birthplace..... England
(City, town, or country) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace.....
(City, town, or country) (State or foreign country)

16. (a) Informant..... George O Rust Son

(b) Address..... 3627 Lafayette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... June 27 1946
(Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... Pestz Funeral Home

(b) Address..... 3029 Lafayette Ave

19. (a) JUN 27 1946 (Date received local registrar) (b) G. F. Brueck (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. 3627 Lafayette 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 June day 25th
year 1946 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from May 11, 1946, to June 28, 1946
that I last saw him alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Cardio-Vascular-Renal Disease Duration 8 yrs.

Due to..... usual

Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... None

Of autopsy..... None

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..... Don C. Hale (M. D. or other) M.D.

Address..... 1504 So. Grand Boulevard Date signed..... 6/26/46

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.....

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.