

FILED JUL 16 1946

Registration District No.

Primary Registration District No. 3069

State File No.

Registrar's No. 1456

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(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

AUGUST RUST

3. (b) If veteran,

name war

None

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

Mary Smith Rust

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased

August 21, 1878
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

67

10

17

hr.

min.

9. Birthplace

St. Louis

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Clerk, Terminal Railroad Co.

11. Industry or business

Retired August 1945

12. Name

August Rust

13. Birthplace

(City, town, or county)

Germany

(State or foreign country)

14. Maiden name

Emilie Brueker

15. Birthplace

(City, town, or county)

Illinois

(State or foreign country)

16. (a) Informant

Mrs. August Rust

(b) Address

5878 Plymouth Avenue

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

July 11, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park Cemetery

18. (a) Signature of funeral director

Shepard Funeral Home

(b) Address

1167 Hamilton Avenue

19. (a)

7-11-46

(Date received local registrar)

(b)

E. J. McAvoy

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5878 Plymouth Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8, 1946
year 2 hour 55 minute P M.

21. I hereby certify that I attended the deceased from 8-13-46 1946 to 7-8-46 1946
that I last saw him alive on 7/8/46
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Ca of Lung
Due to 4th d

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

Major findings:

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?

While at work? _____

(Specify type of place)

(e) Means of injury

23. Signature Commick Date signed 7/11/46
Address 634 Grand

Dr. R. O. Muehlen
Mr. Theatre Bldg.
11-1

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..... *Elmo R. Padgett*

Licensed Embalmer No..... *4077*

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.