. No. 2
1—2-43
5-17-39
I X38697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25678

State File No.

FILED JUL 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5826

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3022 Magazine Str. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 3022 Magazine Str. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Ethel Ruth Rusk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hal Rusk

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 5 (Month) (Day) 1908 ~~1899~~ (Year)

8. AGE: Years 38 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Mark L. Davidson

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

14. Maiden name Cecille Brathe

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

16. (a) Informant Mrs Nick Thomopoulos

(b) Address 3022 Magazine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation St Mathew's Cem

18. (a) Signature of funeral director J. L. Mullen Und Co

(b) Address 5165 Delmar Bl.

19. (a) JUL 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1946 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6-26-1938, 19..., to 6-30-1946, 19...; that I last saw her alive on 6-30-1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cardiac failure	1 day
Due to Mitral Regurgitation	8 yrs
Due to Myocarditis	8 yrs
Due to Chronic passive congestion of liver with hypertrophy	8 yrs
Other conditions (Include pregnancy within 3 months of death) Splenomegalia (Hypertrophic Splenitis)	8 yrs

Major findings:
Of operations none
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George J. McLean M.D. (M. D. or other)

Address 3903 Olive St Date signed 7-1-46

(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. R. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.

State of St. Louis, Mo } ss.
County of

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 25678
Local Registrar's No. 5826

On this 22nd day of July, 1946, before me appears Mrs. Nick Thomopoulos (Mother), who, upon her oath, states that the original record of ~~birth~~ death for Ethel Ruth Rusk ~~born~~ died July 1st, 1946 in the State of Missouri, and which was filed at St. Louis, Missouri on July 2nd, 1946, should be corrected as follows:

Item No. 7 should read January 5, 1908
Instead of Jan. 5, 1899

Item No. 8 should read 38yrs. 5mos. 26days
Instead of 47yrs. 5mos. 26days

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Mrs. Nick Thomopoulos
Affiant

Mother
Relationship.

3022 Magazine St
Present Address.

Subscribed and sworn to before me this 22 day of July, 1946.

My commission expires Jan. 4, 1948

My Commission expires ____

Herbert G. Farris
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M—4-43
X36667