S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36207

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10217

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 Missouri Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 29 Oaklaigh Lane
(If rural, give location)

U.R.

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

If yes, name country

3. (a) PRINT FULL NAME Austin J. Rust Jr.

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Corrine Catherine Schaefer

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

7. Birth date of deceased November (Month) 3 (Day) 1886 (Year)

8. AGE: Years 61 | Months 0 | Days 0 | If less than one day 15 hr. 20 min.

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

10. Usual occupation Dentist

11. Industry or business self

MOTHER FATHER

12. Name Charles Horner Rust

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

14. Maiden name Flora Shanks

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

16. (a) Informant Austin J. Rust, Jr.

(b) Address 6 Conway Lane, Ladue 5, Missouri

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road, Clayton 17, Missouri.

19. (a) NOV 5 1947 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1947 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 1946 to Nov 3 1947 that I last saw him alive on Nov 3 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorr. Left with Rt. Hemiplegia	9 hrs
Due to Hypertensive Cardio Vasc Disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 J. Shakado (M. D.)

Address Humboldt Bldg., St. Louis Date signed 11/4/47

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

Jefferson City Printing Co.

(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 Arnold W Schoene

Licensed Embalmer No. 3864

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.