S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35194

Registration District No. 3?? Primary Registration District No. 6076 Registrar's No. ????

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Baden Station (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halls Ferry Memorial Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2weeks In this community (Specify whether years, months or days)

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. 4226a Peck (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Rust
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 Widow
6. (b) Name of husband or wife Late William G. Rust
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
82	3	20	hr. min.

9. Birthplace St.Charles Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Sebastian Meyrl
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Gander
15. Birthplace St.Charles Mo (City, town, or county) (State or foreign country)
16. (a) Informant Edward Rust
(b) Address 4226a Peck St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) 10-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1948 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Sept 10 1948, to Oct 7 1948 that I last saw her alive on Oct 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral accident	12h
Due to Hypertension	3 yrs
Due to arteriosclerosis	3 yrs
Other conditions (Include pregnancy within 3 months of death) 830	
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 [signature] (M. D. or other)
Address [illegible] Date signed 10/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Gumbach
2200 University
Friday 12 P.M.

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 John A. Mlinar

Licensed Embalmer No. 4186

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.