

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 607

State File No.

42109

Registrar's No.

2850

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME RUST, Henry C. Sr.,
3. (b) If veteran, name war World I
3. (c) Social Security No. 328 16 9570

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 1 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 9 hr. min.

9. Birthplace Bunker Hill Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Henry Rust
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eleanore Gerke
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) burial (b) Date thereof 12-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director A.H. Hoppe, Inc.,
(b) Address 4704 Washington, St. Louis, Mo.
19. (a) 12-10-48 (b) Thurs. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin
(c) City or town Bunker Hill
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1948 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from December 2, 1948 to December 10, 1948
that I last saw him alive on December 10, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death RIGHT HEART FAILURE
Duration Unk.

Due to 2002
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy No Autopsy performed

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) None
(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? L.E. Stilwell
Signature L.E. Stilwell
Address VA Hosp. Jeff. Bks. Mo.
Date signed 12/10/48

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.

or

Signed Elmo J. Cadwell

Licensed Embalmer No. 4577

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.