

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20830**  
Registrar's No. **5091**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5091</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bloomington</b>		<b>999</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7th R. 501 1/2 McArthur Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest Allin</b> b. (Middle) <b>Brust</b> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 13, 1900</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>2</b>		IF UNDER 2 HRS. Hours <b>28</b> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Locomotive fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G. M. &amp; O. R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Elkhart, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>	
13a. FATHER'S NAME <b>Pliny Brust</b>		13b. MOTHER'S MAIDEN NAME <b>Iva Jane Gallion</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>709-10-9656</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stella Brust, 501 1/2 McArthur Ave. Bloom-</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma of Lung, Left.</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
19a. DATE OF OPERATION <b>6/10/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bronchogenic Carcinoma of Left Lung</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hill</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>5/26/49</b> , 19____, to <b>6/11/49</b> , 19____, that I last saw the deceased alive on <b>6/11/49</b> , 19____, and that death occurred at <b>5:15 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John Anderson</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Mo. Pac. Hospital</b>		23c. DATE SIGNED <b>6/12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/12/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bloomington, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 12 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lacater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>6633 Clayton Rd.</b>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*Ernest W. Spiller*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4080*

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.