

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33728

State File No.

No. 300

10 48 **REC'D** SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2318

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6420 Clayton Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		4485	

3. NAME OF DECEASED (Type or Print) <u>Sr Germaine</u>	a. (First) <u>S.S.M.</u>	b. (Middle) <u>(Joseph)</u>	c. (Last) <u>Rustemeyer</u>	4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>4</u> (Year) <u>1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar. 10, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Days <u>6</u>	11. IF UNDER 1 HRS. Hours <u>26</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Leiberg, Westphalia, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Young, R.N.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> <u>8 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion of Coronary Artery</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 5, 1944, to Sept 4, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. O. Brown M.D.</u> (Degree or title)	23b. ADDRESS <u>1325 S. Grand St. Louis 4, Mo.</u>	23c. DATE SIGNED <u>Sept. 4, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER & PAUL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>9-5-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dornbe MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. H. Bocklage</u>	ADDRESS <u>6536 Clayton Rd.</u>
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WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. *4108*

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.