

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37552

FILED OCT 23 1953

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State File No.

9530

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 41/2 wks		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 4 7033 Dale			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Byron		c. (Last) Rust	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 14, 1873	
9. AGE (In years last birthday) 80 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mens Mig. Hat Co. Harris Langenberg		11. BIRTHPLACE (City and State or Foreign Country) Holden Johnson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dennis M. Rust		13b. MOTHER'S MAIDEN NAME Alice E. Elliston		14. NAME OF HUSBAND OR WIFE Nell Rust			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-01-0192		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Byron Rust (Self) 7033 Dale Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ussus Bronchopneumoniae				INTERVAL BETWEEN ONSET AND DEATH Sept 1/53 October 4/53 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. HOW DID INJURY OCCUR? 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Sept 2, 1953, to October 4, 1953, that I last saw the deceased alive on Sept 4, 1953 and that death occurred at 1:40 p. m., from the causes and on the date stated above.							
23a. SIGNATURE A. P. Munsch		(Degree or title) M.D.		23b. ADDRESS 306 Humboldt Bldg		23c. DATE SIGNED Oct 5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Buffalo, Mo.	
DATE REC'D BY LOCAL REG. OCT 5 1953		REGISTRAR'S SIGNATURE A. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE M. O. Alexander & Sons		ADDRESS 6175 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. P. Munsch
Humboldt

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.....
Signature of Student Embalmer

Signed *Jose E. McCullough*.....

Licensed Embalmer No. *246*.....

P. O. Address *617 J-D*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.