

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13843**Registrar's No. **3758**

FILED MAY 13 1955

318

1003

BIRTH NO. 26704-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | STREET ADDRESS (If rural, give location) 19 3841 Washington | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DIANA | | b. (Middle) | | c. (Last) RUST | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1955 | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH APRIL 9, 1955 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 8 5 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME FRANKLIN | | 13b. MOTHER'S MAIDEN NAME PITTS | |
| 14. NAME OF HUSBAND OR WIFE NONE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) IMMATURITY <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | 19. INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | 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"/> | |
| 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. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 776X | |
| 22. I hereby certify that I attended the deceased from 2-9-55 , 19___, to 4-9-55 , 19___, that I last saw the deceased alive on 4-9-55 , 19___, and that death occurred at 9:35A m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Mary A. Davis, M.D. | | (Degree or title) | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 4-11-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 4-30-55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REG. APR 28 1955 | |
| REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Funeral Service | | ADDRESS 4104 Manchester Ave. St. Louis 10, Mo. | |

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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

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