

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **863**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **62**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Franklin County		a. STATE Missouri	b. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town or township) Washington, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Afton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 9532 Upland Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 9532 Upland Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Eugene	b. (Middle) Bernard	c. (Last) Rust	4. DATE OF DEATH (Month) (Day) (Year) 1-26-57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 16, 1925	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman	10b. KIND OF BUSINESS OR INDUSTRY Steinbaer and Butler Co. Salesman	11. BIRTHPLACE (State or foreign country) Clayton, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eugene Bernard Rust	13b. FATHER'S MAIDEN NAME Clara Poehr	14. NAME OF HUSBAND OR WIFE Muriel Rust
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2	16. SOCIAL SECURITY NO. 489-287-161	17. INFORMANT'S SIGNATURE OR NAME Muriel Rust	ADDRESS 9532 Upland Drive, St. Louis, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Death on arrival at hospital. Above found at Autopsy	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John B. Ryan</i>	(Degree or title) MD.	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 1-26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - removed Jan. 30, 1957	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY St. Louis Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 1/27/57	REGISTRAR'S SIGNATURE <i>W. S. Schumann</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gelken Berry</i>	ADDRESS 2842 Myerson
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(Licensed Embalmer's Statement on Reverse Side)

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

99-0

FEB 8

4 1957

MR. JAMES G. SMITH
JUN 26 1957

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 _____

Joseph S. Benz

Signed _____
Student Embalmer

Licensed Embalmer No. 4249

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.

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