

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042183

STATE FILE NUMBER

10601

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 329 Belt Ave. INSTITUTION		d. STREET ADDRESS 329 Belt Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Walter L Rust		4. DATE OF DEATH Month Day Year 11/5/1958	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Chippewa		10b. KIND OF BUSINESS OR INDUSTRY Trust and Savings	11. BIRTHPLACE (City and state or country) Ill. Randolph Township
13a. FATHER'S NAME Lee Rust		13b. MOTHER'S MAIDEN NAME Mattie McFarland	14. NAME OF HUSBAND OR WIFE St. Louis Ethel Rust 329 Belt Ave.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give year or dates of service) No none		16. SOCIAL SECURITY NO. yes	17. INFORMANT Ethel Rust 329 Belt Ave. St. Louis Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 177X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11-26-56 to 11-5-58 and last saw him alive on 11-4-58 Death occurred at 1:40 am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ranuel B Grant M.D.		22b. ADDRESS 114 N Taylor Ave	22c. DATE SIGNED 11-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/ /1958	23c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery	23d. LOCATION (City, town, or county) (State) Bloomington Illinois
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. NOV 5 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 11 1958

JAN 5 1959

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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

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