

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011345

STATE FILE NUMBER

2452

FILED MAR 25 1959

Registration District No.

Primary Registration District No.

Registrar

300
-57
20
75
0

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis - Little INSTITUTION Rock Hospitals, Inc.		Length of stay in 1b 17 days	d. STREET ADDRESS (If outside, give location) 4541 South Compton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Etta Middle Helen Last Rush			4. DATE OF DEATH Month March Day 7 Year 1959		
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5. SEX Female	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 March 16, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Potosie, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Paul	13b. MOTHER'S MAIDEN NAME Ida M. Hargus	14. NAME OF HUSBAND OR WIFE Harry Willard Rush
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Harry W. Rush Address 4541 S. Compton
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) brain tumor, malignant left temporal BRAIN TUMOR MALIGNANT - L. TEMPORAL		INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 193.0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 6: P. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 Potosie COUNTY Missouri STATE Missouri
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21. I attended the deceased from 1942 to March 7, 1959 and last saw her alive on March 7, 1959 Death occurred at 6: P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Geo. Hawkins Jr. (Print name) Geo. Hawkins Jr. (Signature) Degree or title M.D.	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED March 7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	23d. LOCATION (City, town, or county) (State) Potosie, Missouri
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24. FUNERAL DIRECTOR Schamacher Funeral Home - 3013 Meramec	25. DATE RECD. BY LOCAL REG. MAR 10 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jack Haupt*

Licensed Embalmer No. *4746*
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.