

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31102

1. PLACE OF DEATH

County..... Registration District No. **7011**
Township..... Primary Registration District No. **3035**
City **St. Louis** (No. **3035**) **District** St. _____ Ward _____

File No. _____
Registered No. **8676**
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **3035** **District** St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **May Rustige (Tegsthoff)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 14, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Sheet Metal Worker**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) _____

10. NAME OF FATHER **Frank Rustige**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Mary Tegsthoff**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) **Germany**

14. INFORMANT **Mrs. Mary Rustige**
(Address) **3035 District**

15. FILED **SEP - 5 1935** **Wm C Standish** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 2 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 11 1930** to **Sept 2 1930** that I last saw h. **alive on Sept 2 1930** and that death occurred, on the date stated above, at **8:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction

(duration) **2 yrs.** mos. ds.

CONTRIBUTORY (SECONDARY) **Myocardial Infarction**

(duration) **2 yrs.** mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) **Paul S. Murphy**, M. D.

, 19 **30** (Address) **3403 N. 14th St.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **Sept. 4 1930**

20. UNDERTAKER **Math. Hermann** ADDRESS **2161 E. Fair Ave.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

