

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

Do not use this space.

**35800**

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Barnes Hospital**)

File No. **10311**  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

**Emma Rustenberg**  
(a) Residence, No. **R.P. # 1 Valmeyer Ill** (Usual place of abode) **1402 Ward 12 Valmeyer Ill** (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. **2** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3-SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Fred Rustenberg</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 19 1876</b>		
7. AGE YEARS <b>55</b>	MONTHS <b>4</b>	DAYS <b>17</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework.</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month, and year) <b>Oct 7, 1931</b>		11. Total time (years) spent in this occupation <b>35</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Valmeyer Illinois</b>		
13. NAME <b>Joseph Meyer</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Pataskala Ohio</b>		
15. MAIDEN NAME <b>Eliz Franke</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Valmeyer Illinois</b>		
17. INFORMANT <b>Fred Rustenberg</b> (ADDRESS) <b>Valmeyer Ill.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Waterloo Ill</b> DATE <b>10-9-31</b>		
19. UNDERTAKER <b>Wagoner &amp; Keeman</b> (ADDRESS) <b>Waterloo Ill</b>		
20. FILED <b>10-7-31</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 6, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **10-6-31**, 19... to **10-6-31**, 19...  
I last saw her alive on **10-6-31**, 19... Death is said to have occurred on the date stated above, at **11:50** a.m.  
The principal cause of death and related causes of importance were as follows:  
**Memorhage into Cerebrum.**  
**(Apoplexy)**  
**Hypertension**  
**89**  
**101**  
**102**  
Other contributory causes of importance:  
**Broncho pneumonia**

Date of onset <b>2 day</b>
<b>3 yrs.</b>

Name of operation ..... **none** ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19...  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) **James D. Thompson**, M. D.  
(Address) **903 Mining Club Bldg**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

