

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **7911**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Mo Baptist Hosp** St. **1351** Ward)

2. FULL NAME

Adelheit (Rustenburg) Rustenburg
 (a) Residence, No. St. **12** Ward. **Walmeier Ill.**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **William Rustenburg**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 6 - 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Walmeier Ill.**

FATHER 13. NAME **Jake Jehling**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**

MOTHER 15. MAIDEN NAME **Wink**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**

17. INFORMANT **William Rustenburg**
 (ADDRESS) **Walmeier Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walmeier Ill.** DATE **Feb. 12 1932**

19. UNDERTAKER **Wagner & Hermanns Had**
 (ADDRESS) **Walmeier Ill.**

20. FILED **16** **Max C. Starck**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 9 - 1932**

22. I HEREBY CERTIFY, That I attended deceased from **2/4** 1932 to **2/9** 1932

I last saw h. or alive on **2/9** 1930 Death is said to have occurred on the date stated above, at **8:25 p.m.**

The principal cause of death and related causes of importance were as follows:

General Peritonitis
12/18
12/27 | **26** |
 Date of onset

Other contributory causes of importance
Operation for Peritoned Gangrenous Appendix

Name of operation **Drainage Appendix Abdominal** Date of **2/3/32**
 What test confirmed diagnosis? Was there an autopsy? **no**

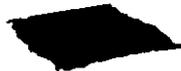
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **D**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Dr. William H. Newell, M. D.**
 (Signed) (Address) **461 Wall St. N.Y.**

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. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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