

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

Do not use this space.

30971

1. PLACE OF DEATH

County St. Louis, Co. Registration District No. 701
Township _____ Primary Registration District No. 0123
City St. Louis, (No. Deaconess Hospital.)

File No. _____
Registered No. 7641
St. _____ Ward)

2. FULL NAME

William H. Tustin
(a) Residence, No. 215 W. Cedar ave. Webster Groves. Mo. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie C. Tustin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1869</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>
	DAYS <u>—</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Auditor.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Different commercial firms.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 6, 1925</u>
	11. Total time (years) spent in this occupation <u>40 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) Camden
(STATE OR COUNTRY) New Jersey

13. NAME John D. Tustin

14. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

15. MAIDEN NAME Ann Beckley

16. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Fannie C. Tustin
(ADDRESS) 215 W. Cedar Ave., Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Sept 5, 1933

19. UNDERTAKER Harry D. Bergedch
(ADDRESS) 3610 W. Washington Blvd.

20. FILED SEP 7 1933
J. F. Beckley
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug - 28, 1933, to Sept - 3 - 1933
I last saw him alive on Sept 2 - 1933. Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 8-28-33
Epidemic Encephalitis
Other contributory causes of importance:
Chronic Myocarditis 3-26-29
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Arthur W. Westrup, M. D.
(Address) Webster Groves Mo

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.

44-30450

