

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

Do not use this space.

6827

MAR 24 1934

**PLACE OF DEATH**

County .....  
Township .....  
City *St. Louis* (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **1681** St. .... Ward)

**2. FULL NAME**

*Lawrence Rush*  
(a) Residence, No. *3070 S. 22nd* St. *27* 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 *col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 22, 1928*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*6 10 25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) ..... 11. Total time (years) spent in this occupation

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

MOTHER / FATHER 13. NAME *Lonnie Rush*

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

15. MAIDEN NAME *Mildred Hill*

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

17. INFORMANT *Mildred Rush* (ADDRESS) *307 S. 22nd St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *E. St. Louis, Ill.* DATE *2/19* 1934

19. UNDERTAKER (ADDRESS) *A. M. C. Green* *2517 Fairlane ave.*

20. FILED *J. Bredek* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 16* 1934

I HEREBY CERTIFY, That I attended deceased from *Feb. 15* 1934 to *Feb. 16* 1934

I last saw him alive on *Feb. 16* 1934. Death is said

to have occurred on the date stated above, at *10:15 a.m.*

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

*Stomach poisoning* Date of onset

*cause by eating tainted food*

*177*

Other contributory causes of importance:

*177*

Name of operation..... Date of.....

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

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) *W. H. H. H.*, M. D.  
(Address) *236 Market*

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.

1934-2-16

1928-6-22

6-5-24