

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

Do not use this space.

JUL 12 1935

21320

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St Louis** No..... St..... Ward.....

File No..... **5255**
 Registered No.....

2. FULL NAME

Robert Carol Rustman

(a) Residence, No. **4160 Natural Bridge** 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **none**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 22 1934**

7. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. or min.
9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Miller**
 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) **St Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Charles Henry Rustman**

14. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Ruth Miller**

16. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Charles Rustman**
 (ADDRESS) **4160 Natural Bridge**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** Date **June 18 35**

19. UNDERTAKER **Reysiek - Niebus**
 (ADDRESS) **4128 Myrtle**

20. FILED **J. F. Bredeck**
IN 17 1935 19 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **June 13 1935** to **June 16 1935**, 1935.
 Last saw him alive on **June 16 1935**. Death is said to have occurred on the date stated above, at **7:30** a. m.

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

Acute gastro-enteritis due to complete congenital atrophy of abdominal muscle

Other contributory causes of importance: **1570**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **A. H. Barker** M. D.
 (Address) **2206 Howard St.**

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.

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Handwritten notes or a signature located in the bottom right corner of the page. The text is also illegible due to the scan quality.