

DEC 13 1937

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

39974

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis,** (d) Street No. **Park Lane Memorial Hospital** Registered No. **10961**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gertrude Rustige**

(a) Residence, No. **3171a Ohio Ave.** St. **24**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 3, 1872.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**65 2 22**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**

9. Industry or business in which work was done, as 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) **Germany.**

13. NAME **Joseph Moenig**

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

15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT (ADDRESS) **Gertrude Rustige**  
**3171a Ohio Ave**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cem. DATE Nov. 29, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Hatten & U. C.**  
**2630 Gravois Ave.**

20. FILED **NOV 27 1937** **J. Bredbeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 25<sup>th</sup>** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 19** 19**37**, to **Nov 25** 19**37**.

I last saw him alive on **Nov 25<sup>th</sup>** 19**37**. Death is said to have occurred on the date stated above, at **7:40** A.M.

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

**Acute Stomach Primary seat on Pylorus**  
**HOT**

Other contributory causes of importance:

**Acute Stomach**

Name of operation **Autopsy** Date of **8/30/37**

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) **J. Bredbeck**, M. D.

(Address) **2630 Gravois Ave.**

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.

3624 S. Broadway  
St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Herman A. Gebken*

Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**