. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FEB 3 1943

Registration District No. ~~318~~ 128

Primary Registration District No. 2000

Registrar's No. 64

39
2
6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
607 West Chase St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days City Hospital. (Specify whether
In this community 16yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 607 West Chase St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

39
2
6

3. (a) PRINT FULL NAME Edward Thomas Brust

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased July (Month) 27 (Day) 1926 (Year)

8. AGE: Years ✓ 16 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Roy Brust
13. Birthplace Geneva (City, town, or county) Nebraska / (State or foreign country)

MOTHER
14. Maiden name Florence Madison
15. Birthplace Geneva (City, town, or county) Nebraska / (State or foreign country)

16. (a) Informant Roy Brust
(b) Address 607 West Chase St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 23 (Day) 1943 (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Fred C Thieme
(b) Address 1100 Boonville St.

19. (a) 1-23-43 (Date received local registrar) (b) E M Hand Eng (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1943 hour 2 minute 15P M.

21. I hereby certify that I attended the deceased from 1-19, 1943, to 1-20, 1943 that I last saw him alive on 1-20-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pneumonia bronchial type.	?
~~Due to~~ Had large solid fixed mass lower abdomen probably	
~~Due to~~ poor abscess or retroperitoneal growth.	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. Roland Langston M.D. (M. D. or other) M.D.
Address Springfield Mo. Date signed 1/22/43

784

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed ..... Fred O. Thieme

Licensed Embalmer No. 2899

P. O. Address ..... Springfield, Mo.

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.)

If this body is not embalmed, fact should be so stated above.