

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1945
1918

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4774
Registrar's No. 1328

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Nursing Home, 4373 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME Carrie E. Rust
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Rust 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 15, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business _____

12. Name John A. Maisel
13. Birthplace Bavaria
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ruloff
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Haney
(b) Address 5041 N. Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address FEB 10 1945 4828 Natural Bridge Blvd.
19. (a) _____ (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5041 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 8th
year 1945 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1944 to Feb 8, 1945
that I last saw her alive on Feb. 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs?

Due to _____
Due to _____
Other conditions Chronic nephritis Duration 5 yrs?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature Pegine L Arnold (M. D. or other) M.D.
Address 1449 W. 2nd St Date signed 2/9/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1-3
6-8
12449 McFarlane
L

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 John A. Melman
Licensed Embalmer No. 4126
P. O. Address St. Louis, 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.