3. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15153

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 33030

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: ____ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3432 Grace av (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 167
(d) Street No.: 3432 Grace ave (If rural, give location) 9
(e) Citizen of foreign country? ____ (Yes or No) ____ If yes, name country ____

3. (a) PRINT FULL NAME: Anna Rusche
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb (Month) I6 (Day) I885 (Year)
8. AGE: Years 6I Months I Days I2 If less than one day ____ hr. ____ min.
9. Birthplace: St. Louis (City, town, or county) ____ (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business ____
12. FATHER Name: Kober
13. FATHER Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: John Rusche
(b) Address: 3432 Grace av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April I 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset-Burial-Park
18. (a) Signature of funeral director: Wm Schumacher
(b) Address: 3013 Meramec st
19. (a) APR 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year I946 hour I2 minute P M.
21. I hereby certify that I attended the deceased from October 1st 1945 to March 28 1946 that I last saw her alive on March 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis with Myocardial Hypertrophy & Valvular Lesions — Duration: 6 mos.
Due to ____
Due to ____
Other conditions (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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: Wm. F. Simon (M. D. or other)
Address 1115 Victor St. Tel. Gr 0078 Date signed 3.30.46

(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 Francis Williamson

Licensed Embalmer No. 356 S

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.