

FILED JUL 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1524

1. PLACE OF DEATH:

(a) County Jedburg, ST. LOUIS Missouri

(b) City or town Jedburg

(c) Name of hospital or institution: St. Paul Rds. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 years - (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Sherman, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. none (If rural, give location) 0

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

3. (a) PRINT FULL NAME BERTHA LOUISE RUSERT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18
year 46 hour 5 minute 00 P.M.

3. (b) If veteran, name war none

3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race white

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

Immediate cause of death Asphyxiation from drowning Duration _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept. 19, 1931
(Month) (Day) (Year)

Due to 193-3

8. AGE: Years Months Days If less than one day
14 9 29 hr. min.

Due to 36

9. Birthplace St. Louis, Mo. D
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation In school

Major findings: Of operations _____
XXXXX

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

11. Industry or business _____

12. Name August Rusert,

13. Birthplace Lutherville, Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellison Kretsch,

15. Birthplace St. Louis, Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant August Rusert,

(b) Address Sherman, Mo.

17. (a) Burial (b) Date thereof 7/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem. Ellisville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence July 18, 1946 18

(c) Where did injury occur? Jedburg, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Meramac River

18. (c) Signature of funeral director Schrader Funeral Home

(b) Address Bailun, Mo.

While at work? _____ Means of injury Drowning

19. (a) 7-20-46 (b) E. S. McHannan, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Arnold Willmum Coroner 3
Address Clayton, Mo. Date signed 7/19/46

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

1898
AUG 2 1898

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 *Theo. Schradw*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.