

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10899

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 743

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
D. CITY OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>51 TOWN Brentwood</u> 4511	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8715 Grace ave</u>	

3. NAME OF DECEASED (Type or Print) <u>John</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>RUSAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 23-1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Kind of work done during part of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Gray Summit Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>
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13a. FATHER'S NAME <u>Frank Rusan</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Burr</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>488-056593</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lambert Rusan</u> ADDRESS <u>8715 Grace Ave</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>nothawon</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Miliary tuberculosis & tuberculous meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Latent Lues.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>010 XB</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-14, 1951, to 3-24, 1951, that I last saw the deceased alive on 3-20, 1951, and that death occurred at 11:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Leese, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>3-23-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Duckson</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>
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DATE REC'D BY LOCAL REG. <u>3/23/51</u>	REGISTRAR'S SIGNATURE <u>Lambert Rusan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Roberts</u> ADDRESS <u>1416 N Taylor</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ann Roberts

Signed.....

Student Embalmer

Licensed Embalmer No. 4439

P. O. Address.....

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.