.300
.48

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

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11017

Registrar's No. 2733

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 6 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 14 5818 Lindenwood Ave. 2140

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle):
c. (Last): Kuster

4. DATE OF DEATH (Month) (Day) (Year): March 14 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 17, 1888

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and State or Foreign Country): Sailing, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marcus Stephenson

13b. MOTHER'S MAIDEN NAME: Hannah Hord

14. NAME OF HUSBAND OR WIFE: Otto E. Kuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 091-05-5017 A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Otto E. Kuster 5818 Lindenwood Ave.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Sarcoma
Metastatic sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lymphosarcoma R. arm
Lymphosarcoma rt. arm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 12-5-53

19b. MAJOR FINDINGS OF OPERATION: biopsy-lymphosarcoma
Biopsy — lymphosarcoma 200.1

20. AUTOPSY? YES [ ] NO [X]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28-53 *19*____, *to* 3-14-56 *19*____, *that I last saw the deceased alive on* 3.14, *19*56 *and that death occurred at* 6:35P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas. R. Meador M.D.
James R Meador M.D.

23b. ADDRESS: 4 S. Central
4 S. Central

23c. DATE SIGNED: 3-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 17, 1956

24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Mausoleum

24d. LOCATION (City, town, or county) (State): Lemay, Mo.

DATE REC'D BY LOCAL REG.: MAR 16 1956

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hoffmeister Colonia 1 Mortuary
6464 Chippewa St., St. Louis, Mo.

S.P.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.....

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 38

P. O. Address 7814 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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