

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **18567**  
Registrar's No. **3784**

BIRTH NO. **34595-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <b>Saint Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS <b>6547 Winona</b> (If rural, give location) <b>20370</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Peter</b> c. (Last) <b>Rusch</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-15 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>4-15-1956</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min. <b>IM</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-0-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-0-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	

13a. FATHER'S NAME <b>Reuben Rusch</b>	13b. MOTHER'S MAIDEN NAME <b>Marjory Achtenberg</b>	14. NAME OF HUSBAND OR WIFE <b>-0-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-0-</b>	16. SOCIAL SECURITY NO. <b>-0-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Reuben Rusch</b> ADDRESS <b>6547 Winona, St. Louis, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>		
	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.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **April 15, 1956**, to **April 15, 1956**, that I last saw the deceased alive on **April 15, 1956**, and that death occurred at **11:46 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. Hawken, M.D.</b> (Degree or title)	23b. ADDRESS <b>16 Hampton Village Plaza</b>	23c. DATE SIGNED <b>4/16/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-17-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo</b>
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DATE REC'D BY LOCAL REG. <b>APR 16 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b> ADDRESS <b>6464 Chippewa St., St. Louis, Mo</b>
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WRITE PLAINLY—USING UNFADEING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed .....

Licensed Embalmer No. ....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.

*Not embalmed*  
*J. J. [Signature]*