

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36503**

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **2515**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 7 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hosp.		e. STREET ADDRESS (If rural, give location) 725 Rosedale Terrace 4000	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Franklin c. (Last) Rush		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 6, 1889
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) West Plains, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Myles Rush	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Millie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 490-12-4764	
17. INFORMANT'S SIGNATURE OR NAME J.F. Rush, 725 Rosedale Terrace		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DIS DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 10-17, 1956 to 10-24, 1956 , that I last saw the deceased alive on 10-24, 1956 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Do not write title) Wm. L. Douberq		23b. ADDRESS 601 S. Brentwood Clayton Mo.	
23c. DATE SIGNED 10/24/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-24-56		24c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery	
24d. LOCATION (City, town, or county) (State) Senath, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. 10-24-56		REGISTRAR'S SIGNATURE Herbert B. Douberq	

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..... *G. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *Ph...*

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.