Health, & Welfare
Public
h Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10993

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2228

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS 0 — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 18 PARK-LANE Hosp — Length of stay in 1b: 5 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:

c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 239 2812 VICTOR — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John — Middle H. — Last Rushing.

4. DATE OF DEATH: Month 3 — Day 2 — Year 57

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: 4-30 1907

9. AGE (In years last birthday): 49 — 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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: AUTO PARTS

11. BIRTHPLACE (City and state or country): PARIS TENN. 1

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

13. FATHER'S NAME: Marshall Rushing

14. MOTHER'S MAIDEN NAME: Unknown Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 498-10-0676

17. INFORMANT — Address: Dorothy Hartmann, 10139 Maryva le Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Myo Cardial degeneration

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Asthma
DUE TO (c): Large Abdominal Hernia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 422.2

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-27-57, to 3-2-57 and last saw her/him alive on 3-2-57
Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P B Cappel MD 0

22b. ADDRESS: 3284 Ivanhoe ave

22c. DATE SIGNED: 3-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL-

23b. DATE: 3-6-57

23c. NAME OF CEMETERY OR CREMATORY: ST. JOHN CEM.

23d. LOCATION (City, town, or county) (State): ST. LOUIS Co Mo

24. FUNERAL DIRECTOR — ADDRESS: JAY-B-SMITH- MAPLEWOOD 17 Mo.

25. DATE RECD. BY LOCAL REG.: MAR 6 '57

26. REGISTRAR'S SIGNATURE: J Earl Smith MD MD

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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. (Fa
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.