

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46283  
STATE FILE NUMBER  
11970  
REGISTRAR'S NO.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 D.A. ST. LOUIS CITY HOSP			Length of stay in Ib 3 YRS.	26 STREET ADDRESS 26 HERBERT ST.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM P. RUSH, JR.				4. DATE OF DEATH Month Day Year DEC. 11, 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 2, 1914		9. AGE (In years last birthday) 43 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD - CITY JAIL			10b. KIND OF BUSINESS OR INDUSTRY MUNICIPAL GOVERNMENT	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM P. RUSH, SR.				14. MOTHER'S MAIDEN NAME MARY LYNCH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give reg. or date of service) YES WW-1		16. SOCIAL SECURITY NO. 499-10-1		17. INFORMANT DOROTHY RUSH, 1216 HERBERT ST., ST. LOUIS		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Tracheas Bronchitis;</i> <i>Penicilline Reaction.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>501x</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I, Part II, or item 20c) <i>You sustained injury given penicilline tablets at City Jail December 11, 1957.</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 12 11 57 p. m.		20d. PLACE OF INJURY (e. g., in or about home, factory, street, office, etc.) <i>City Jail</i>		20e. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>6:45 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James M. Kelly, Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12-13-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>DEC 14, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MISSOURI</i>			
24. FUNERAL DIRECTOR <i>J. J. Croghan</i> ADDRESS <i>716 MANCHESTER ST. LOUIS, MO.</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 13 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>S.P.</i>		

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 *Harvey Finkle*

Licensed Embalmer No. *459*

P. O. Address *Flusser*

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.