

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038174
State File No.

FILED OCT 17 1958

BIRTH NO. 72255-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9506

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u> <u>8120</u>	
c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1027 BAKER AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's I.N.F.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u>		b. (Middle)		c. (Last) <u>Rush</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 1 1958</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>10/1/58</u>	
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 1 YEAR Hours <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>RABBI RUSH</u>		13b. MOTHER'S MAIDEN NAME <u>OBERIA OWENS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rabbi Rush</u> ADDRESS <u>St. Louis, Ill.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>less than 24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral focal atelectasis</u>			
		DUE TO (c) <u>Prematurity 762.5</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Minute)		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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl Smith</u> (Degree or title)		23b. ADDRESS <u>1410 E Broadway</u>		23c. DATE SIGNED <u>10-3-58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-4-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East St Louis Ill</u>		24d. LOCATION (City, town, or county) (State) <u>East St Louis Ill</u>	
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DATE REC'D BY LOCAL REG. <u>OCT 4 '58</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Crigger</u> ADDRESS <u>1036 Tudor sub</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

St. Louis, Missouri
 East St. Louis
 1032 Baker Ave.
 October 1 1928
 St. Louis, Missouri
 Rush
 10/1/28
 St. Louis, Missouri
 OBERTIA OMEHS
 St. Louis, Missouri
 St. Ward's Inf.
 St. Louis, Missouri
 WIFE
 MRS. RUSH
 RUSH

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Not Embalmer

Signed *P. J. Cuzzler*

Licensed Embalmer No. *3346*

P. O. Address *1036 Industrial*

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