

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 28 1960

**-60-036509**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9346** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		Length of stay in 1b <b>25 years</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FIRMEN DES LODGE HOSPITAL</b>				d. STREET ADDRESS (If outside, give location) <b>3628 Cleveland</b>		Inside Limits Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GUSTAV</b> Middle <b>RUSTEMEYER</b> Last <b>RUSTEMEYER</b>				4. DATE OF DEATH Month <b>SEPT</b> Day <b>23</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2/1/1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Government Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL CLERK</b>		11. BIRTHPLACE (City and state or country) <b>LINN, MISSOURI</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>			13a. FATHER'S NAME <b>JOSEPH RUSTEMEYER</b>				
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BLOOM</b>			14. NAME OF HUSBAND OR WIFE <b>HAROLD RUSTEMEYER JACKSON</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO. <b>497-01-1384</b>		17. INFORMANT <b>HAROLD RUSTEMEYER</b> Address <b>724 WEBSTER GR, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ABSCESS PARA AORTIC</b> DUE TO (b) <b>DEFORATION DUODENUM</b> DUE TO (c) <b>ANEOR.YSM ABDOMINAL AORTIA</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>45IX</b>						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>45IX</b>		
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>LINN</b> COUNTY STATE	
21. I attended the deceased from <b>Sept 7-1960</b> and last saw him alive on <b>Sept 23, 1960</b> Death occurred at <b>1210 9 m</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Edwin P. Neville</b>				22b. ADDRESS <b>Firmen Desloge Hosp &amp; Conv</b>		22c. DATE SIGNED <b>9/23/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>9/23/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. George Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>LINN Mo.</b>		
24. FUNERAL DIRECTOR <b>Clyde Morton</b> ADDRESS <b>LINN, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>SEP 23 1960</b>		26. REGISTRAR'S SIGNATURE <b>Edwin Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 16 1967

DEC 20 1966

NOV 17 1966

OCT 21 1966

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Mann

Licensed Embalmer No. 4125

P. O. Address Linn

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.