3-20-62

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-013656

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 943

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4002
2 4003
3
4 3
5 1
6
7 1
8 0
9 420.1
10
11
12 92-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis County Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 131 Aldridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): Connie — First — Middle — Last: Rusan
4. DATE OF DEATH: Month 3 Day 18 Year 1962
5. SEX: Female
6. COLOR OR RACE: Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2.28.1922
9. AGE (last birthday): 40 — IF UNDER 1 YEAR: Months — Days 17 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): Bysville Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Allen Brooks
13b. MOTHER'S MAIDEN NAME: Dosie Powell
14. NAME OF HUSBAND OR WIFE: Frank Rusan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Frank Rusan — Address: 131 Aldridge

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): Cardiac Infarct — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Clot - possibly from sclerosed leg veins
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Markedly Enlarged Thyroid
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 July 1948 to March 18, 1962 and last saw her/him alive on 3/14/62
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Rusan, Ma'd
22b. ADDRESS: 243 E. Kirkham 19 Missouri Webster Groves
22c. DATE SIGNED: 3/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-23-1962
23c. NAME OF CEMETERY OR CREMATORY: National Cem.
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: John W. Hemphill — ADDRESS: 408 S. Fillmore
25. DATE RECD. BY LOCAL REG.: 3-21-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Teoffice E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand
St. Louis, Mo.

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.