

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042183
STATE FILE NUMBER
10601

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 329 Belt Ave.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 329 Belt Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Walter L Rust		4. DATE OF DEATH Month Day Year 11/5/1958	
5. SEX male <input type="radio"/>	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 June 7, 1892
9. AGE (In years last birthday) 66		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) President-Chippewa		10b. KIND OF BUSINESS OR INDUSTRY Bank Trust and Savings	11. BIRTHPLACE (City and state or country) Ill. Randolph Township
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lee Rust	
13b. MOTHER'S MAIDEN NAME Mattie McFarland		14. NAME OF HUSBAND OR WIFE Ethel Rust 329 Belt Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Ethel Rust 329 Belt Ave. St. Louis Mo.
18. CAUSE OF DEATH (Note only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of prostate</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>177X</i>
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 <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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from <i>11-26-56</i> to <i>11-5-58</i> and last saw ^{her} him alive on <i>11-4-58</i> Death occurred at <i>1:40 am</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Samuel B Grant M.D.</i>		22b. ADDRESS <i>114 N Taylor Ave</i>	22c. DATE SIGNED <i>11-5-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>11/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Park Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Bloomington Illinois</i>
24. FUNERAL DIRECTOR <i>C.R. Lupton and Sons 7233 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 5 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>M. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 11 1958

JAN 5 1959

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *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.