

REC'D JUN 9 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

16209

Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City ..... (d) Street No. **St. John's Hospital**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4070****2. PRINT FULL NAME** **Infant Luster**

(a) Residence, No. .... St. **NR** **Salem Mo.**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Stillborn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 30, 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**FATHER 13. NAME **Oliver Luster**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Salem Mo.**MOTHER 15. MAIDEN NAME **Bertha Schafer**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dent County Mo.**17. INFORMANT **W. M. Schafer**  
(ADDRESS) **Salem Mo.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Salem Mo.** DATE **5-3-38**19. FUNERAL DIRECTOR (NAME) **Spencer Funeral Home**  
(ADDRESS) **Salem Mo.**20. FILED **MAY - 2 1938**

*J. F. Budick*  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 30 1938**22. I HEREBY CERTIFY, That I attended deceased from **on Apr 30 1938** to .....

I last saw him ..... alive on ..... Death is said to have occurred on the date stated above, at **10:55 a** m.  
 The principal cause of death and related causes of importance were as follows:

*Prematurity - Prem.*

Date of onset

Other contributory causes of importance:

*Labor - Transverse presentation with prolapsed arm & impacted shoulder*

Name of operation **none** Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury **None**  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify **St. Louis Bldg.**(Signed) **J. F. Budick**, M. D.(Address) **Salem Mo Bldg.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. Hayward*

*Body Luted*

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*L. J. Wilkinson*

Licensed Embalmer No.

*3575*

P. O. Address .....

**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, above space should be left blank.**

*12695*