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.

REC'D NOV 21 1938

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

34806
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 4142
(d) Street No. St. Lukes Hospital St.
(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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 232 Albert Benjamin Lustig
(a) Residence, No. 4207 Terrace St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1921
7. AGE: YEARS 16 MONTHS 10 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. School
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) Chicago, Illinois

FATHER
13. NAME R. B. Lustig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Harriett Shearer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) R. B. Lustig 4207 Terrace
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 10-24-38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City, Missouri
20. FILED 10-24, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 21, 1938
I last saw him alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Staphlococcus Septicemia — Date of onset 10/17

151 13

Other contributory causes of importance: Furuncle Rt. Elbow

Name of operation none Date of
What test confirmed diagnosis? Bl. Culture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) 820 Professional Bldg.

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, ...

J. H. Freeman, or by .....

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

Signed J. Lamen Freeman

Licensed Embalmer No. 2939

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.