S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18994

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 995

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 9 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 56

(c) City or town Lemay 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. 137 Kayser (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Leona Lusk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clyde Lusk

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) 17 (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	-	22	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name Robert Gilles
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Clyde Lusk

(b) Address 137 Kayser

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 5400 Michigan Ave.

19. (a) MAY 12 1941 (Date received local registrar) (b) C. R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1941 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun-shot wound of back inflicted at the hands of Clyde Lusk, her husband.	5/9/4
Due to	
Due to Gun-shot wound; puncture of right lung and heart causing internal hemorrhage.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 166
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide.

(b) Date of occurrence May 9, 1941

(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home. (Specify type of place)

While at work? (e) Means of injury S

23. Signature Louis H Boff Coroner (M. D. or other)

Address Kirkwood, Mo. 5/12/41 Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.