

S. No. 2
-11-10-39
7-5-17-39
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253140

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 184

Primary Registration District No. 212

Registrar's No. 1539

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis Co Mo
 (a) County St. Louis Co Mo
 (b) City or town Manchester, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 wks
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME DR. SLAY A. LUSBY
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased OCTOBER 4 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace ST. PAUL MO. _____
 (City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business RETIRED

MOTHER FATHER
 { 12. Name SAM LUSBY
 { 13. Birthplace IAS MO
 (City, town, or county) (State or foreign country)
 { 14. Maiden name LASHLY
 { 15. Birthplace VIRGINIA
 (City, town, or county) (State or foreign country)

16. (a) Informant PAUL E. LUSBY
 (b) Address O'Fallon Mo.

17. (a) _____ (b) Date thereof 7 15 '42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WENTZVILLE MO

18. (a) Signature of funeral director B. B. Keithly
 (b) Address 2 O'Fallon Mo

19. (a) JUL 19 1942 (b) [Signature]
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 92
 (a) State MO (b) County ST. CHARLES
 (c) City or town O'FALLON
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1942 hour 11:30 AM M.
 21. I hereby certify that I attended the deceased from 7-3-42
 _____, 19____, to 7-13-42, 19____;
 that I last saw him alive on 7-12-42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Cardiac death.
possibly
 Due to Serthility
 Due to Paralysis agtans
 Other conditions _____
 (Include pregnancy within 3 months of death)

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

Major findings:
 Of operations 87c
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address Crestwood Mo Date signed 7-14-42

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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 E. K. Utley

Licensed Embalmer No. 822

P. O. Address O'Fallon 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 this body is not embalmed, above space should be left blank.

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