

FILED MAY 15 1943

Registration District No. 317

Primary Registration District No. 3070

Registrar's No.

1085

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
68 MARSHALL PL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 YRS _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES 4
(If outside city or town limits, write "RURAL")
(d) Street No. 68 MARSHALL PL
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES SARAH LUSK

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. _____

4. Sex FEMAL 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased MARCH - 18 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 17 - hr. - min.

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

10. Usual occupation TEACHER

11. Industry or business PUBLIC SCHOOLS

12. Name WILLIAM W. LUSK

13. Birthplace RUSHVILLE ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN ANN SMITH

15. Birthplace NEW YORK NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Abigail Goodall

(b) Address 68 MARSHALL PL

17. (a) BURIAL (b) Date thereof MAY 8 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JACKSONVILLE ILL

18. (a) Signature of funeral director Parson and Co

(b) Address WEBSTER GROVES - MO

19. (a) MAY 8 - 1943 (b) C. M. Denny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 9:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from one day
19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis 9 hrs
Due to Coronary Artery
Arterio Sclerosis
Other conditions none
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations none
Of autopsy none 9:30
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) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frank P. Gamst (M. D. or other) MD
Address 132 N. Gore Webster Groves Date signed 5/6/43

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

96
7
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MAY 18 1948

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 W. B. Aldrich.....

Licensed Embalmer No. 1332.....

P. O. Address Webster, Iowa.....

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.