

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 days
(Specify whether)

In this community..... 0
years, months or days

3. (a) PRINT FULL NAME..... Joseph Lusby

3. (b) If veteran, name war..... None

3. (c) Social Security No. Unknown

4. Sex..... Male 0

5. Color or race..... White

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

6. (b) Name of husband or wife..... Bernice Jackson Lusby

6. (c) Age of husband or wife if alive..... 46 years

7. Birth date of deceased..... April 11th, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation..... Laborer

11. Industry or business.....

MOTHER FATHER {

12. Name..... Joseph Lusby

13. Birthplace..... Mowcow Mills Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

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

16. (a) Informant..... Bernice Lusby

(b) Address..... Woodlawn, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof..... 9/29/44
(Month) (Day) (Year)

(c) Place: burial or cremation..... Woodlawn, Illinois

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Ave.

19. (a) SEP 29 1944 (b) J. F. Bralich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... ILLINOIS (b) County..... Jefferson 99

(c) City or town..... Woodlawn
(If outside city or town limits, write "RURAL") NR 11

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

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept. day..... 26th
year..... 1944 hour..... 4 minute..... 55 P.M.

21. I hereby certify that I attended the deceased from..... 9/23/44
19..... to..... Sept. 26th 19..... 44

that I last saw him alive on..... Sept. 26th 19..... 44
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hemorrhage - right ventricle of artery: lenticulostriate

Due to.....

Due to.....

Other conditions..... Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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).....

(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?.....

While at work?.....
(Specify type of place)

(e) Means of injury.....

23. Signature..... J. F. Bralich
(Date signed) 9/29/44

Address.....

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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

Albert G Hoppe

Licensed Embalmer No. *2991*

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.