

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19101  
Registrar's No. 5046

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Furman Desloge Hospital  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MD (b) County 020  
(c) City or town ST. LOUIS  
(d) Street No. 3622 1/2 FOLSOM AVE  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Connie Kay Luster  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 19  
year 1947 hour 9:53 minute A. M.  
21. I hereby certify that I attended the deceased from 18 May  
1947 to 19 May 1947  
that I last saw her alive on 19 May 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 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 May 18 1947  
(Month) (Day) (Year)

Immediate cause of death Atelectasis - pulmonary Duration 16 hrs.  
Due to Premature t, 6 1/2 mo. preg.  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
17 hr. 8 min.  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 159  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Frank Luster  
13. Birthplace Manchester Mo.  
14. Maiden name Wilma Isolda Kyle  
15. Birthplace De Soto Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Wilma Luster  
(b) Address 3622 1/2 Folsom Ave. 20  
17. (a) BURIAL (MTR) (b) Date thereof May 20 1947  
(c) Place; burial or cremation DE SOTO MO.  
18. (a) Signature of funeral director KRIEGSHAUSER UND.CO.  
(b) Address 4718 SO. KINGS HIGHWAY  
19. (a) MAY 20 1947 (b) J.F. Brueck  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph H. Virano (M. D. or other) 5/20/47  
Address 1325 S. Grand Date signed \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**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 *Edwin M. Perreath*

Licensed Embalmer No. *3024*

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.