

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23066**

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1680**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9006 West Lawn Ave.		d. STREET ADDRESS (If rural, give location) 9006 West Lawn Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) C.	
c. (Last) VAN LUSTER		4. DATE OF DEATH (Month) (Day) (Year) June 19 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 3, 1862
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright (Retired)		10b. KIND OF BUSINESS OR INDUSTRY PATTERN MAKING	
11. BIRTHPLACE (State or foreign country) Gull Lake, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Van Luster		13b. MOTHER'S MAIDEN NAME Johanna Clements	
14. NAME OF HUSBAND OR WIFE Late Minnie Van Luster		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leona Herrick	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Renal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5/9 , 19 49 , to 6/19 , 19 52 , that I last saw the deceased alive on 6/16 , 19 52 , and the death occurred at 2:45A m., from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) Herbert R. Dombke		23b. ADDRESS 5203 Cluffe Dr.	
23c. DATE SIGNED 6/19/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. 6-21-52	
REGISTRAR'S SIGNATURE Herbert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
ADDRESS 4228 S. Kingshighway Bl		3w (Licensed Embalmer's Statement on Reverse Side)	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin M. Bennett

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.