

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43464

State File No.

11584

FILED JAN 25 1956

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.,		c. CITY OR TOWN Clayton 5, ⁴⁴⁵²	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home.		e. STREET ADDRESS (If rural, give location) #7535 Byron Place.	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LUNGSTRAS. c. (Last) LUNGSTRAS.			4. DATE OF DEATH (Month) (Day) (Year) Dec 30, 1955.
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH July 3, 1874.
9. AGE (In years last birthday) 81.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Lungstras Dyeing & Cleaning Co. →	11. BIRTHPLACE (City and State or Foreign Country) U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Eugene Lungstras.		13b. MOTHER'S MAIDEN NAME Elise Springe.	14. NAME OF HUSBAND OR WIFE Edna Lungstras.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.		16. SOCIAL SECURITY NO. 490-unknown.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Robert Lungstras, 7535 Byron Place.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u> about 10 days ANTECEDENT CAUSES DUE TO (b) <u>senility with marked cerebral arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS I made the diagnosis some years ago of <u>Alzheimer's disease</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492x</u>	
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)	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 <u>about 12/15/55</u> , to <u>12/30/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/30/55</u> , 19 <u>55</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>X Chas Hugh Nelson</u>		23b. ADDRESS <u>Huenboldt Rd.</u>	23c. DATE SIGNED <u>Dec 31/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.	24b. DATE <u>12/31/55.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles Rock Road.</u>
DATE REC'D BY LOCAL REG. <u>JAN 3 1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blv'd.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1951

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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.