

6841

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 1956

318

1003

Registrar's No. 1982

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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | 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 Jefferson | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place township) 5 wks. | | c. CITY OR TOWN Barnhart | | d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital | | | | e. STREET ADDRESS (If rural, give location) 5001 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) BEE c. (Last) LUSK | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 23, 1905 | |
| 9. AGE (In years last birthday) 50 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Alpha-Portland | | 11. BIRTHPLACE (City and State or Foreign Country) Supply, Ark. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George W. Lusk | | | 13b. MOTHER'S MAIDEN NAME Nettie E. Tealey | | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If you served in war or dates of service) No | | 17. INFORMANT'S SIGNATURE OR NAME Maude Turner | | ADDRESS 6128 Etzel Ave. | |
| 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) Constrictive Heart Failure; Pericarditis; Left Lung atelectasis; Anesthesia, while undergoing operation for Lung Cancer at Alexian Bros. Hospital on February 23, 1956 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16.3X | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 23, 1956 | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo | | | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp. | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 23 56 ? 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 AM. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE James M. Keeley (Degree or title) Registrar | | | 23b. ADDRESS 1300 Clark | | | 23c. DATE SIGNED 2-24-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/27/56 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | |
| DATE REC'D BY LOCAL REG. FEB 24 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., | | ADDRESS 7420 Michigan Ave. | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Main*

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.