0.300
0.48

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

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18238

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4728

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY
c. CITY OR TOWN: Dunedin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 572 Baywood Drive

50908

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): P.
c. (Last): Lusk

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec.9,1896
9. AGE (In years last birthday): 59 — If under 1 year: Months 5, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President
10b. KIND OF BUSINESS OR INDUSTRY: Illinois Electric
11. BIRTHPLACE (City and State or Foreign Country): Kansas City,Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Comfort J.Lusk
13b. MOTHER'S MAIDEN NAME: Marie Probst
14. NAME OF HUSBAND OR WIFE: Mrs.Ruth (VanAntwerp)Lusk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 329-10-0316
17. INFORMANT'S SIGNATURE OR NAME: Mrs.Ruth Lusk — ADDRESS: Dunedin,Florida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 8+ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease — 8+ yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 411 X

~~416 X~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, *19* 56, *to* May 14, *19* 56 *that I last saw the deceased alive on* May 14, *19* 56, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Vemillion M.D. — (Degree or title): M. D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 4/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 5-17-56
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Chapel of Memories
24d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

DATE REC'D BY LOCAL REG.: MAY 15 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Charles G. Furrus — ADDRESS: E.St.Louis,Ill.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. Not Embalmed

Student..... Signature of Student Embalmer

Signed Charles G Kurns

Licensed Embalmer No. 48

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.