

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023509

STATE FILE NUMBER

1003

Registrar's No. 6564

JUL 14 1958

Registration District No.

318

Primary Registration District No.

S. 300

1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 8 dys	d. STREET ADDRESS (If outside, give location) 2/49 <sup>a</sup> 6312a Bancroft Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jacob A. Lustkandl			4. DATE OF DEATH Month Day Year June 29 1958		
5. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	6. COLOR OR RACE W <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1900		9. AGE (In years less birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank clerk		10b. KIND OF BUSINESS OR INDUSTRY Mercantile Trust Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rudolph A. Lustkandl		13b. MOTHER'S MAIDEN NAME Pauline Kuemerle	
14. NAME OF HUSBAND OR WIFE Clara L. Luskandl		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Clara A. Luskandl		Address 6312a Bancroft Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Paralytic Ileus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Resection for Lymphosarcoma of Spleen</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>200.1</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1951</u> to <u>June 29, 1958</u> and last saw him alive on <u>June 29, 1958</u> Death occurred at <u>5:40 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Morris Herman M.D.</u>			22b. ADDRESS <u>3701 Grand Square</u>		22c. DATE SIGNED <u>6/30/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 2, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hoffmeister Colonial Mortuary</u> <u>6464 Chippewa St. St. Louis, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>JUN 30 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>

1.30 to 4.30 PM

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 *Will C. Hanson* .....

Licensed Embalmer No. *4764* .....

P. O. Address *St. Louis, Mo.* .....

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.