

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14645

State File No. 4066

FILED MAY - 8 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4066

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location)	
<b>01 3830 Louisiana</b>		<b>276 3830 Louisiana</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>CLEMENT</b> c. (Last) <b>DUST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-28-1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>11-25-1885</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR <b>9</b> Months <b>3</b> Days	IF UNDER 24 HRS. <b>5</b> Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year; if life spent in school)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>D St. Louis Mo.</b>
<b>Ret. Civil Service</b>		<b>Notary</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John C Dust</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Terborg</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-24-6347</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gerhard H Dust 5820 Sunshine Dr.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic Heart Disease</b>  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. <b>420.0</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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 <b>Oct 1956</b> to <b>April</b> , 1957, that I last saw the deceased alive on <b>April 23</b> , 1957, and that death occurred at <b>2 AM</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS <b>5103 Ogden</b>	23c. DATE SIGNED <b>4-29-57</b>
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <b>5-1-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>R-SURRECTION Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. LOUIS Mo.</b>
DATE REC'D BY LOCAL REG. <b>APR 29 '57</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819 SO Grand Blvd</b>	

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 .....  
Signature of Student Embalmer

Signed *George J. Embalmer*

Licensed Embalmer No. *4611*  
P. O. Address *Home 18 M*

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.