MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29129

File No. ..... Registered No. 8710

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Augusta Luntzer

(a) Residence. No. 4721 Rail St. 15 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gottlieb Luntzer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 22 1873

7. AGE: Years 57 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework 46
(b) General nature of industry, business, or establishment in which employed (or employer): 127
(c) Name of employer: 106

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Hungary

PARENTS

10. NAME OF FATHER: Ford Spilda.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Austria

14. INFORMANT: Hospital Information (Address) City Hospital

15. FILED SEP 30 1927, 19 ..... Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1927, to Sept 28, 1927, that I last saw h. alive on Sept 25, 1927, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Gall Bladder disease
Cholangitis — Carcinoma of head of Pancreas (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Lobar pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Morton M. D
Sept 29, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Pk — DATE OF BURIAL: 10-1 1927

20. UNDERTAKER: Witt Bros & Co. — ADDRESS: 2929 S. Jefferson Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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