

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

Do not use this space.

17722

**1. PLACE OF DEATH**

County Livingston  
Towship  
City Chillicothe, Mo. (No. ....)

Registration District No. 508  
Primary Registration District No. 3026

File No. ....  
Registered No. 58  
St. .... Ward)

**2. FULL NAME (Francis Loomis) Francis Lunitz.**

(a) Residence. No. 1954 Arsenal, St. Louis, Mo. Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24th, 1914

|        |           |           |          |                                  |
|--------|-----------|-----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS    | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>14</u> | <u>10</u> | <u>3</u> |                                  |

8. OCCUPATION OF DECEASED 207G 207M  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oakville, Missouri.  
(STATE OR COUNTRY)

|         |   |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Albert Lunitz</u>                                   |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
|         | 12. MAIDEN NAME OF MOTHER <u>Annie Schellaus</u>                          |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |

14. INFORMANT Albert Lunitz  
(Address) 1954 Arsenal, St. Louis, Mo.

15. FILED 5-28-28 Violen Barney  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27th, 1928.

17. I HEREBY CERTIFY That I attended deceased from Did not attend deceased, 19... that I last saw him alive on 12:05 P.M., 19... and that death occurred, on the date stated above, at 12:10 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS, 12:10 A.M.  
Fractured cervical vertebrae  
Accident caused by being  
crushed by steel wheels  
in railroad car

CONTRIBUTORY (SECONDARY) 1880

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF...  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. Collier, Coroner, H. D.  
5-27-28 (Address) Chillicothe, Mo.

\*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 Mt. Olive St. Louis, Missouri DATE OF BURIAL May 30, 1928.

20. UNDERTAKER R. M. Marshall Chillicothe, Mo.  
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

