JL 27 1928

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

Do not use this space.

21787

File No.

Registered No. 196

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 5

City Koch — (No. ..... St. ..... Ward)

2. FULL NAME Francis Lutz.

(a) Residence. No. 4749 a Easton St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred x 1 yrs. 4 mos. 26 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	5	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Peter Lutz

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

12. MAIDEN NAME OF MOTHER Mary (Unknown)

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

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri.

15. Filed June 8 1928 L. C. Abrock
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1927 to June 8 1928 that I last saw him alive on June 8, 1928, and that death occurred, on the date stated above, at 2:35 A.M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tbc.
23A
25

About 2 1/2 yrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gastro Intestinal Tbc.

About One year (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) O. K. Ehrlich, M. D

6/8/28 (Address) Koch 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 Memorial Pk. — DATE OF BURIAL June 11 1928

20. UNDERTAKER Bran Mud. Co. — ADDRESS 2707 N. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD