

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

Do not use this space.

43641

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City.....  
 Registration District No.....  
 Primary Registration District No.....  
 No. 3427<sup>th</sup> 9th St.  
 File No.....  
 Registered No. 12964  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3427<sup>th</sup> 9th St. 26 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF <i>Sophie A. Lutz</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 13, 1866</i>		
7. AGE YEARS <i>62</i>	MONTHS <i>6</i>	DAYS <i>17</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <i>Ice &amp; Coal Dealer</i> (b) General nature of industry, business, or establishment in which employed (or employer)..... <i>Retired</i> (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
PARENTS	10. NAME OF FATHER <i>Theodore Lutz</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Red Bud Mo.</i>	
	12. MAIDEN NAME OF MOTHER <i>Barbara Schizinger</i>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)  
*Dec 30 1928*

17. I HEREBY CERTIFY That I attended deceased from *Dec 26*, 19*28* to *Dec 30*, 19*28* that I last saw him alive on *Dec 30*, 19*28* and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Scalvany Tuberculosis*  
*23A*  
 (duration) yrs. 4. mos. 3. ds.

CONTRIBUTORY (SECONDARY)  
*31*  
 (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....  
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *Bennett* M. D.  
 Dec 31, 1928 (Address) *3802 E. Snow St*

\*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.

14. INFORMANT *Mrs. Sophie A. Lutz*  
 (Address) *3427<sup>th</sup> 9th St.*

15. FILED *DEC 31 1928*  
 Registrar *Math. Hermann, Son*  
 ADDRESS *2101 E. Fair Ave*

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.

