

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4679**) **Pope Ave** St. Ward

File No. **21096**
 Registered No. **5600**
 St. Ward

2. FULL NAME

(a) Residence, No. **4679 Pope Ave** St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. (F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) <i>Coraine Lutz (Sine bar)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 19, 1891</i>		
7. AGE	YEARS	MONTHS
	<i>40</i>	<i>9</i>
		DAY <i>24</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Restaurant</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Proprietor</i>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Glasgow Mo.</i>		
FATHER	13. NAME <i>William A Lutz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Mary Schaefer</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Mrs Coraine Lutz</i> <i>4679 Pope Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<i>Calvary</i>	DATE <i>June 15, 1932</i>
19. UNDERTAKER (ADDRESS) <i>Walter Hermann and Son</i> <i>314 1/2 East Fair Ave.</i>		
20. FILED <i>11 1932</i> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 12, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 10, 1931* to *June 12, 1932*

I last saw him alive on *June 12, 1932* Death is said to have occurred on the date stated above, at *9:00 P. m.*

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset *1917*

92A

92C *92A*

Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *Seth P. Smith*, M. D.
 (Address) *4500 Clarence 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.

WRITE PLAINLY, WITH CAPITAL LETTERS

