

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

Do not use this space.

37829

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 B
(No. Telegraph Road)

File No.
Registered No. 359
St. Ward)

2. FULL NAME

Edward C. Luther
Residence, No. 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Missis</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12th 1894</u>					
7. AGE YEARS <u>59</u>		MONTHS <u>7</u>		DAYS <u>10</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>		11. Total time (years) spent in this occupation			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>		10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Outrage, Missouri</u>					
13. NAME <u>William C. Luther</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
15. MAIDEN NAME <u>Anna Gildbach</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT (ADDRESS) <u>Missis Luther</u> <u>Carondelet Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. John's</u> DATE <u>11/24</u>					
19. UNDERTAKER (ADDRESS) <u>Woffensetter & Co</u> <u>1814 So. Broadway</u>					
20. FILED <u>Nov 22 1933</u> <u>L. C. O'Brien M.D.</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Nov 22, 1933.
I last saw him alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at USA m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
Heart of Bladder
Date of onset Jan 15

Other contributory causes of importance: 51

Name of operation Orchidectomy Date of 9-22
What test confirmed diagnosis Orchidectomy Was there an autopsy? Yes

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) Paul R. Kozzellan, M. D.
(Address) 3507 Lafayette St

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.

