

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

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.

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

Do not use this space.

APR 15 1935

14469

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis* (No. *64320 Oakland Av.*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **3301**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *64320 Oakland Av.* St. *4* Ward. (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. 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Kassie Lutz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 15, 1884</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>9</i>
	DAYS <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>Stenographer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <i>3 years Ago 1932</i>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>George H. Lutz</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
MOTHER	15. MAIDEN NAME <i>Johanna Murphy</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
17. INFORMANT (ADDRESS) <i>Kassie Lutz A. 64320 Oakland Av.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>4-11-1935</i>		
19. UNDERTAKER (ADDRESS) <i>Kruppenhart Funeral Home 4725 E. Kingshighway St. St. Louis</i>		
20. FILED APR 10 1935 <i>J. B. Becke</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-8-1935*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 14*, 19*34* to *April 8*, 19*35*.
I last saw h. i. m. alive on *April 8*, 19*35* Death is said to have occurred on the date stated above, at *S.P.* m.
The principal cause of death and related causes of importance were as follows:
Malignancy of Pancreas Date of onset

Other contributory causes of importance:
Extension to the liver

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? *No*
If so, specify *C. F. Bowden*, M. D.
(Signed) *C. F. Bowden* (Address) *6337 Clayton Ave.*

Mrs. Dowson

St. James Hotel