Shulz. —

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

DEC 20 1935

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON ~~THIS SUPPLEMENTARY.~~

File No. 37115

Registered No. 174

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township — Primary Registration District No. 3036
City St Charles (No. ..... St. ..... Ward)

2. FULL NAME William Herman Lutter
(a) Residence, No. 132 N 2nd St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Bartel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7th 1855

7. AGE: YEARS 80 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Herman Lutter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Charlotte Giesker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emil Schulz St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cem. St Charles Mo. DATE Nov 25th 1935

19. UNDERTAKER (ADDRESS): H. C. Dallmeyer & Sons Co. 800 N 2nd St Charles Mo.

20. FILED 11/25 1935 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935, to Nov 23, 1935
I last saw him alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Compensation	Oct 21/35
95 [illegible]	

Other contributory causes of importance:

Gen. Arteriosclerosis	[illegible]

Name of operation: None Date of .....
What test confirmed diagnosis? Sign & Symptoms Was there an autopsy? No.

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 .....
(Signed) A P Erich Schulz, M.D.
(Address) St Charles Mo.

A.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.