

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.

FEB 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

3220

1. PLACE OF DEATH

County..... Registration District No. 1002
Township..... Primary Registration District No.
City St. Louis (No. St Paul Hospital)

File No.....
Registered No. 448
St..... Ward)

2. FULL NAME

(a) Residence, No. St., N R Ward, Marketo Kane
(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 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 Margaret V. Lutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Form Credit Adm.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government
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) Iowa

MOTHER 13. NAME Romen Lutz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Holdreid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Margaret Lutz
Marketo Kane

18. BURIAL, CREMATION, OR REMOVAL PLACE Marketo, Kane DATE Jan 14 1936

19. UNDERTAKER (ADDRESS) Feltz Mrs. L. L. Lutz
3024 Lafayette St

20. FILED 1-13- 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1936, to Jan 10 1936. I last saw him alive on Jan 10 1936. Death is said to have occurred on the date stated above, at 5:50 m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Jan 10 36
82a
Other contributory causes of importance:
Cerebral sclerosis
Arteriosclerosis Jan 10 1936

Name of operation..... Date of.....
What test confirmed diagnosis? L 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) Frank R. Ferrugay, M. D.
(Address) 3701 Washington

448
448