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 24 1936

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

Do not use this space.

4020

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City
Registration District No. 1123
Primary Registration District No. 6248 E
File No.
Registered No. 8
(No. 822, Regina St. Ward)

2. FULL NAME Edward Jutzi
(a) Residence, No. 822 Regina 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 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~~ Sarah
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1855
7. AGE YEARS 60 MONTHS 1 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Elect.
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) Chester, Ill.

FATHER
13. NAME Fred Jutzi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Ill

MOTHER
15. MAIDEN NAME Mary Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sarah Jutzi 822 Regina Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Luth Cem. DATE 1-4- 1936
19. UNDERTAKER (ADDRESS) C. Hoffmeister U. L. Co. 7814 So. Broadway
20. FILED Jan 3, 1936 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Jan 2, 1936
I last saw him alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ac myocarditis Dec	15-35

Other contributory causes of importance: Ch interstitial nephritis Nov 1 - 1936

Name of operation None Date of
What test confirmed diagnosis? Coh + clinical facts Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W H Walters, M. D.
(Address) 3608 S Gd St Louis Mo
Jan. 2 1936

3608 S. Grand