

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Lutharan Altenheim**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) **3 yrs.**

3. (a) PRINT FULL NAME **Martin C Jutzi** **320**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Dorothy Jutzi** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 27 1868**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **14** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Chester Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

12. Name **Frederick Jutzi** **9**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Marie Zohler**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **H. Gundershal**  
(b) Address **8721 Halls Ferry Road**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Dec 12 1939**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Chester Ill**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**  
(b) Address **1936 St Louis Ave**

19. (a) **DEC 13 1939** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis** **8**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8721 Halls Ferry Road**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **U. S. Born** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **11**  
year **1939** hour **5:15** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 11** to **Dec 11**, 19**39**  
that I last saw him alive on **Dec 11**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chorea Myocardia**

Due to **Coronary occlusion**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **200**  
Address **4005 W. F. [Signature]** Date signed **12-12-39**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39 I 19511

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3737

P. O. Address..... 1936 St. Louis Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**