

51 AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5808**

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:
4611 Newport Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **7 Months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County _____
(c) City or town **Waterloo** **NR**
(If outside city or town limits write "RURAL")
(d) Street No. **R.R. 1 Box 79**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **59** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1940** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-26**, 19**40**, to **7-8**, 19**40**
that I last saw her alive on **7-8**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia**

Due to: **Carcinoma Cervix uteri**

Other conditions: **NO**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **NO**
Of autopsy: _____

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

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) (e) Means of injury _____
23. Signature **G. N. Arneson** (M. D. or other) _____
Address **4952 Maryland** Date signed **7-9-40**

3. (a) PRINT FULL NAME **Louisa Lutz** **320**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Emil Lutz** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **May 24 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Hamma Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frederick Hellmuth**

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

14. Maiden name **Augusta Gruene**

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

16. (a) Informant **Emil Lutz**

(b) Address **R.R. 1 Box 79 Waterloo**

17. (a) **Burial** (b) Date thereof **7-12-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope, St. Louis**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
(b) Address **4016 Chippewa St.**

19. (a) **JUL 10 1940** (b) **J. D. Braddock**
(Date received local registrar) (Signature of Registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER - FATHER

STATEMENT BY LICENSED EMBALMERS UNCL.

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

John J. Fetter

Licensed Embalmer No. 3880

P. O. Address

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.