

STANDARD CERTIFICATE OF DEATH

State File No. **32951**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **158**

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
721 N. Seventh St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 N. Seventh St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Petty Jane Lutes

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: March 31 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None 0

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

MOTHER FATHER { 12. Name Virgil Lutes  
13. Birthplace Williamsville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eva Emaline Aubrey  
15. Birthplace Newberry Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Lutes

(b) Address 721 N. Seventh, St. Charles, Mo.

17. (a) Burial (b) Date thereof Sept. 5-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dillmeyer & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 9/5/40 (b) Clarence H. Messler  
(Date received local registrar) (Registrar's signature)

611 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4  
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug  
\_\_\_\_\_, 19\_\_\_\_, to Sept. 4, 19\_\_\_\_  
that I last saw her alive on Sept. 4, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
Due to Whooping Cough bronch

Due to Mal Nutrition  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy NO

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(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? \_\_\_\_\_

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

23. Signature Raymond J. Deppa (M. D. or other) \_\_\_\_\_  
Address St. Charles, Mo. Date signed Sept 5-40

Duration 5 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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.....

*Joseph Landolt*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John E. Dallmeyer*.....  
Licensed Embalmer No. *2951*  
P. O. Address *St Charles Mo*.....

- 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.