

Registration District No. 791 Primary Registration District No. 1003

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Lutz  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 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 April 5th, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Architect

MOTHER FATHER { 12. Name Charles F. Lutz  
13. Birthplace Hessen Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Williamson  
15. Birthplace Hessen Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Mertens  
(b) Address 6315 Clayton Road

17. (a) Entombment (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 9/21/41  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6637 Clayton Road

19. (a) SEP 23 1941 (b) J. N. Buedsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6315 Clayton Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st  
year 1941 hour 11 minute 10 A M.

21. I hereby certify that I attended the deceased from 9am 1941 to 9/21/41, 19\_\_\_\_;  
that I last saw him alive on 9/20/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mr. Myocarditis with hypertension

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

Due to Senility

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
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 J. N. Buedsch (M. D. or other) \_\_\_\_\_  
Address 6336 Clayton Road Date signed 9/22/41

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

00  
97  
9

**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

*Edward J. Bookhardt*

Licensed Embalmer No. 2502

P. O. Address *Clayton, 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.**