

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
Chenot Nursing Home 4237 Cleveland  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME Mary A. Lutz

3. (b) If veteran, name war..... 3. (c) Social Security No. none

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

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

7. Birth date of deceased February 10, 1854  
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Schaefer  
13. Birthplace Not known Germany  
14. Maiden name Sybilina Schauf  
15. Birthplace Not known Germany

16. (a) Informant Walter Lutz  
(b) Address 5312 Mardel

17. (a) burial (b) Date thereof 5/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Missouri

18. (a) Signature of funeral director John J. ...  
(b) Address 1027 Gaylord St.

19. (a) MAY 15 1942 (b) J. F. ...  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(d) Street No. 5312 Mardel  
(e) Citizen of foreign country?.....  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1942 hour 19 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 24, 1941  
that I last saw her alive on May 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Due to Atherosclerotic Heart Disease  
Duration 2 weeks

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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?.....  
(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. F. ... (M. D. or other) D  
Address 539 N. Grand Date signed 5/14/42

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

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17  
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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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address. 7027 Grannis

**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, fact should be so stated above.**