

Registration District No. 791

Primary Registration District No. 1003

1049  
300  
17  
9

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

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:  
3949 Castleman 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. Life  
years, months or days)

3. (a) PRINT FULL NAME Eliza Lutz

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

4. Sex. Female / race. White 5. Color or / divorced. Married

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

7. Birth date of deceased. June 3 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 0 21 hr. min.

9. Birthplace. St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Home

11. Industry or business.....

MOTHER FATHER { 12. Name. William Horstmeyer  
13. Birthplace. Germany  
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Unknown  
15. Birthplace. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant. Vincent Lutz  
(b) Address. 3949 Castleman Ave.

17. (a) Burial (b) Date thereof. 6/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. New St. Marcus

18. (a) Signature of funeral director. Hacker, Welderle Bond & Co  
(b) Address. 3634 Gravois Ave.

19. (a) JUN 26 1942 (b) J. T. Brudak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3949 Castleman Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion;  
Arteriosclerosis;

Due to.....

Other conditions.....  
(Include pregnancy within 3 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.....

13. Signature. Alfred Perry (M. D. or other)  
Address. St. Louis, Mo. Date signed. 6/26/42

847 (Licensed Embalmer's Statement on Reverse Side)

**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.....

*Frank J. Howard*

Licensed Embalmer No.....

*2675*

P. O. Address.....

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