

LED OCT 28 1942

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: 4208 Peck Str. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 40 Years.  
years, months or days)

3. (a) PRINT FULL NAME Charlotte A. Kutz

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

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

6. (b) Name of husband or wife August O. Kutz 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 6, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>12</u>	hr. min.

9. Birthplace Pilot Knob, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William Nola n

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Kinker

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant August O. Kutz

(b) Address 4208 Peck Str.

17. (a) Burial (b) Date thereof 10/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. W. Stock

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 20 1942 (b) J. F. Bredbeck  
(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. 4208 Peck Str.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 14 1942 to Oct 18 1942  
that I last saw her alive on Oct 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Solar Pneumonia Duration 10-14-42

Due to Chronic Myocarditis 10-18-40

Due to Arteriosclerosis 10-18-40

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 108  
Of autopsy \_\_\_\_\_

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)  
\_\_\_\_\_ years of injury 0

23. Signature Remond [unclear] (M. D. or other) M.D.  
Address 3707 N. Grand [unclear] Date signed 10/19/42

R. Emmet Lyons.

3804 W. Grand

Frank 0983

6-8

12-2

1-7-1

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.