

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

REC'D NOV 6 1942

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

Primary Registration District No. 101

Registrar's No. 2101

96  
3029

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Clayton,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
9 Brentmoor Park  
(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 time.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,

(c) City or town Clayton,  
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Brentmoor Park,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick A. Luyties,

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7<sup>th</sup>  
year 1942 hour 7 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from May 5  
1941, to Oct 7, 1942  
that I last saw him alive on Oct 6, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Thompson Luyties, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 22, 1867  
(Month) (Day) (Year)

Immediate cause of death Carcinoma stomach  
Duration 18 months

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>15</u>	_____ hr. _____ min.

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

Due to 462

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

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

10. Usual occupation Pharmaceutical Mfg.

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

12. Name H. C. G. Luyties,

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

14. Maiden name Louise Rein,

15. Birthplace Alcalce-Lorraine, (City, town, or county) (State or foreign country)

PHYSICIAN

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

Underline the cause to which death should be charged statistically.

16. (a) Informant William H. Luyties

(b) Address 10 Sunniggham Lane, Clayton

17. (a) Burial (b) Date thereof 10/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.,

(b) Address 3621 Olive St.

19. (a) Oct - 8 1942 (b) C. D. Mc...  
(Date received local registrar) (Registrar's signature)

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 (SOPER)

Signature Wagoner (M. D. or other)  
Address 3903 Olive Date signed Oct 7 42

Dr H. W. Lofler  
3903 Olive.

JAN 21 1948

**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 *Neville P. Prohwitter*

Licensed Embalmer No. *3696*

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.**