

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19118
State File No. _____
Registrar's No. 1177

FILED JUN 3 1944
Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9522-Midland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9522-Midland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leo J. Lutz

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-8692

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 21, 1944 to May 21, 1944
that I last saw him alive on May 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis
Due to Hypertension years _____

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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen Strauss Lutz 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: Jan 27 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business Home Bakery Co.

MOTHER { 12. Name Joseph Lutz
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Strauss
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Strauss Lutz

(b) Address 9522-Midland Ave-Overland, Mo

17. (a) Burial (b) Date thereof May 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VAL HAITZ Cemetery

18. (a) Signature of funeral director Charles Ann Grodzic

(b) Address 2504 Woodson Rd-Overland, Mo

19. (a) MAY 27 1944 (b) E. J. Mc Gowan M.D.
(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) No
(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 R. A. Halstead (M. D. or other) M.D.
Address 2438 Woodson Rd. Date signed 5-23-44

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

JUN 7 1948

JUN 9 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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address. *Overland 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.