S. No. 2
M—5-43
5-17-39
I X36671

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

#29740

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29275

Registrar's No. 8324

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos-20days (Specify whether

In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4608 McPherson Ave.. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hugo Dutzi

3. (b) If veteran, name war unknown

3. (c) Social Security No. 492-05-9099

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Tillie Dutzi

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 27th (Day) 1879 (Year)

8. AGE: Years 65 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business Young and Mueller Bakery

FATHER
12. Name Max Dutzi
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Ida Steel
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John P. Culliane
(b) Address Public Administrator

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 28th day
year 1944 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7/8/44, 19, to Sept. 28th, 1944
that I last saw him alive on Sept. 28th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pancreas with metastases to omentum	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations yes as above
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. J. Verda (M. D. or other)
Address 1515 Lafayette Date signed 9/28/44

844

(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 Albert G Hoppe

Licensed Embalmer No. 2976

P. O. Address.....

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.