

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE: 1945  
STANDARD CERTIFICATE OF DEATH  
1003

605

State File No. ....  
Registrar's No. .... **811**

Registration District No. **318** Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Sanitarium 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 yrs 7 mos 3 da**  
**48 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4074 Park St**  
**City Sanitarium**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **THOMAS C. LUTZ**  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **24th**  
year **1946** hour **12:30** minute **A.** M.

4. Sex **male 0** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased **July 24 1886**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1 1941** to **Jan 24 1946**;  
that I last saw him **1m** alive on **January 24 1946**;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**59 6 0** hr. min.

Immediate cause of death  
**Pulmonary Tuberculosis 9 yrsx.**  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations .....  
Of autopsy **No**

9. Birthplace **Glazgo Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Freight Solicitor**  
11. Industry or business .....  
12. Name **Joseph Lutz**  
13. Birthplace **Glazgo Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nellie Tillman Lutz**  
15. Birthplace **Glazgo Missouri**  
(City, town, or county) (State or foreign country)

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? .....

16. (a) Informant **Theresa A. Angler**  
(b) Address **5400 Arsenal St**  
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JAN 26 1946**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **OAK GROVE CEMETERY**

23. Signature **Reopold Hopf Staller** (M. D. or other) **D. M.D.**  
Address **5400 Arsenal** Date signed **1/24/46**  
While at work? (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director **Calvin J. Feuty**  
(b) Address **4828 National Bldg. Bld.**  
19. (a) **1946 24** (Date received by Registrar) **J. F. Bredick** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 *John A. Mlinar*  
Licensed Embalmer No. *4186*  
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.**