No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 27 1946

STANDARD CERTIFICATE OF DEATH

10609

State File No. _____

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 682

1. PLACE OF DEATH:

(a) County St. Louis Co

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Forder Road Box 181
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Louisa Lutz

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex F 1

5. Color or race wh

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

6. (b) Name of husband or wife George J. Lutz

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 11 (Month) 8 (Day) 73 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	11	hr. min.

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

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name Joseph Brungard
13. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Barbara Wagner
15. Birthplace St. Louis (City, town, or county) Mo. N (State or foreign country)

16. (a) Informant B. Edward Lutz, Son

(b) Address 1207 N. 7th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 22 (Day) 46 (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) 3-22-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 17th 1946, to March 19th 1946 that I last saw her alive on March 19, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	3 yrs
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury O

23. Signature Wm. W. Carter (M. D. or other) MD

Address 601 Brentwood, Clayton Date signed 3-19-46

(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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.