V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21973 5870

Registration District No. 218 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3637 Childress Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 14 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3637 Childress Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Tillie Lutz
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Lutz
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 25, 1878. (Month) (Day) (Year)
8. AGE: Years 67 Months 10 Days 5 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Peter Lentz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Horack
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. George Lutz
(b) Address 3637 Childress Ave.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof July 3, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) JUL 2 1946 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1946 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 15 1946 to June 30 1946 that I last saw her alive on June 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (Duration)
Ch. Nephritis
a nephrosclerosis
Due to Cirrhosis of Liver
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
23. Signature (M. D. or other)
Address Date signed 7/2

(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 Ralph Linders

Licensed Embalmer No. 4275

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.