S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32753

Registrar's No. 9220

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp. O
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5640 Pernod Ave., 9
(If rural, give location)
(e) Citizen of foreign country? 14 (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Walter H. Lutz
3. (b) If veteran, name war World War # 1
3. (c) Social Security No.

4. Sex male O
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Lutz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26th 1893 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Glascow, Missouri (City, town, or county) (State or foreign country) O
10. Usual occupation Supt. Retail Dept.
11. Industry or business Wohl Shoe Co.,
FATHER
12. Name Wm. Lutz
13. Birthplace Missouri (City, town, or county) (State or foreign country) O
MOTHER
14. Maiden name Mary Schaffer
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Mary A. Lutz- Wife.
(b) Address 5640 Pernod Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cem.
18. (a) Signature of funeral director Sullivan Undertakers
(b) Address 2849 North Euclid Ave.,
19. (a) OCT 4 10 (Date received local registrar) (b) J. F. Bardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1947 hour 4 — minute 30 a M.
21. I hereby certify that I attended the deceased from Sept 24th 1947 to Oct 3rd 1947
that I last saw him alive on Oct 2nd 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Kidney	10 days
Due to: Pulmonary Embolism of Ulcerating Bladder	6 days
Due to: Sub 1-11	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Noe A. Stewart (M. D.)
Address Chemical Bldg Date signed 10/3/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1947

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.