No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33035

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8703

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

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa

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

(d) Street No. 3820 Mc Donald Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucius B. Smutz

3. (b) If veteran, name war

3. (c) Social Security No. 495-24-0689

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 27 (Day) 1873 (Year)

8. AGE: Years 74 Months - Days 17 If less than one day hr. min.

9. Birthplace Lee County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Ewers Reality Co.

FATHER
12. Name John C. Smutz
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Lucy Beach
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Harold T. Smutz
(b) Address 619 Hollywood Dr. Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Chas. T. Stuart
(b) Address 1225 Union Blvd

19. (a) SEP 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1947 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 15, 1947 to September 14, 1947 that I last saw him alive on September 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchial Pneumonia	2 days
Due to: Carcinoma of Tongue c̄ Metastasis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of Tongue Operated March 1947

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

23. Signature P. S. Wenzel (M. D.)

Address 462 Mo Taylor Date signed 9/15/47

P. S. Wenzel

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4053

P. O. Address St Louis

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.