. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39905

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10830

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: 6825 Plateau
(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. 6825 Plateau 9
(If rural, give location)

(e) Citizen of foreign country? 4 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN F. LUTZ

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Meta

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May (Month) 31 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Ins. Dep't.

11. Industry or business Royal Loan Co.

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Meta Lutz
(b) Address 6825 Plateau

17. (a) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Mascoutah, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1947 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 23, 1947 to Nov. 3, 1947 that I last saw him alive on Nov. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	
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) 0

While at work? (e) Means of injury

23. Signature Foster A. Dill (M. D. or other) M.D.

Address 7346a Manchester Date signed 11-25-47
Maplewood, Mo.

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.....Richard W. Stovesand

Licensed Embalmer No.....4007.

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.