FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 253

Primary Registration District No. 1000

Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1317 No. 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1317 No. 10th
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Helen C. Lutes
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: Robert W. Lutes
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: May (Month) 16 (Day) 1873 (Year)
8. AGE: Years 74½ Months 7 Days 28 If less than one day ... hr. ... min.
9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
MOTHER FATHER
12. Name: Franz J. Decker
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Robert W. Lutes
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 1-17-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1948 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from Oct 22, 1947, to Jan. 14, 1948; that I last saw him alive on Jan. 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	unknown
Due to: Chronic Hypertension	unknown
Due to:	
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:
23. Signature: Gustav A. Kaw (M. D. or other)
Address: 217 Kirkpatrick Building Date signed: Jan. 14, 1948
St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 James B. Hawkins Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th, St. Joseph, 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.