No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2793

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 203

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: 6047 ODELL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 71 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6047 ODELL
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA LUTZ

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EDWARD LUTZ

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

7. Birth date of deceased MAY (Month) 14 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN HOFFMAN
13. Birthplace UNK (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name DINA FRICKE
15. Birthplace UNK (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS. URBAN LEGOST
(b) Address 668 CLARK MAPLEWOOD, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Gudmeyer & Gond
(b) Address 3934 N. 20TH ST.

19. (a) JAN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7th year 1948 hour 7 minute 15A. M.

21. I hereby certify that I attended the deceased from 2 Sept 1945 to JAN. 7 1948 that I last saw her alive on November 29 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 hrs.
Due to Chronic Myocarditis	2 yrs
Due to Arterial Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Robert L. Meadow (M. D. or other) Dr.

Address 2 So Central Clayton Mo Date signed 1-8-48

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3934 No 20th St.

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.