FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22247

Registration District No. 1 — Primary Registration District No. 1000 — Registrar's No. 810

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: (Hosp) Missouri Methodist (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 11 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: St Joseph Mo. (b) County: Buchanan

(c) City or town: St Joseph Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 2305 So 9th St (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Robert L. Lutz Sr.

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nellie Garder Lutz

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: March (Month) 20 (Day) 1881 (Year)

8. AGE: Years 67 Months 4 Days 7 If less than one day: hr. min.

9. Birthplace: Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Flagman - Burlington R.R

11. Industry or business: Railroad

MOTHER FATHER

12. Name: William Lutz

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Ellen Smith

15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nellie Lutz

(b) Address: 2305 So 9th St City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Armstrong Cem.

18. (a) Signature of funeral director: Heaton - Bowman Heaton Bowman

(b) Address: 319 So 10th St St Joseph Mo

19. (a) 8-2-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 3822

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from September, 1946 to July 27, 1948; that I last saw h[illegible] alive on July 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	About 5 days
Due to: Arteriosclerotic	
Due to: Arteriosclerotic heart disease.	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N.D.	
Of autopsy: N.D.	

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: [illegible] (M. D.) 7-28-48

Address: 218 No. 7th St. St. Joseph, Mo. Date signed:

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 William Spalding, Registered Apprentice No. 25 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 1st St, St Jo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.