

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17998

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 976	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 355 Hazel			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE			b. (Middle) LUTZ		c. (Last) LUTZ		
4. DATE OF DEATH (Month) (Day) (Year) April 20 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 1. 1865		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Horstmann			13b. MOTHER'S MAIDEN NAME Mary Kreinkamp			14. NAME OF HUSBAND OR WIFE William Lutz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Lutz 355 Hazel			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Endocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Bronchitis</i> DUE TO (c) <i>92d</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4214</i>				INTERVAL BETWEEN ONSET AND DEATH <i>12 years</i> <i>12 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4214</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1st 1949</i> , to <i>April 20, 1949</i> , that I last saw the deceased alive on <i>April 9, 1949</i> , and that death occurred at <i>three m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Theo. F. Rief D. O. A.</i>				23b. ADDRESS <i>7465 Hazel Ave</i>		23c. DATE SIGNED <i>April 21</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 23 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Family Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Allenton Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-22-49</i>		REGISTRAR'S SIGNATURE <i>Thurman L. Lumsden</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Parker and Co. Webster Groves</i>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.4896
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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.....

....., Student Embalmer No.

working under my personal supervision.

Signed.....

Leslie Welch

Signed.....
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Volster Gronow*

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.