

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31961

State File No. 8021

318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | d. STREET ADDRESS (If rural, give location) 4956 St. Louis Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT N. b. (Middle) LUTZ c. (Last) | | | 4. DATE OF DEATH (Month) 9-15 (Day) 49 (Year) |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 6-18-1881 |
| 9. AGE (In years last birthday) 68 | | 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) Prison Guard | | 10b. KIND OF BUSINESS OR INDUSTRY Met. Police Dept. | |
| 11. BIRTHPLACE (State or foreign country) Sheridan, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Kilian Lutz | | 13b. MOTHER'S MAIDEN NAME Barbara Koeniger | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Clara Lutz-Wife | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Lutz, 4956 St. Louis Ave. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 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>Myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>None</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i> | |
| 19a. DATE OF OPERATION <i>None</i> | | 19b. MAJOR FINDINGS OF OPERATION <i>None</i> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>N</i> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis, Mo.</i> | |
| 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? <i>H&X</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>July</i> , 19 <i>46</i> , to <i>9-15</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>9-14</i> , 19 <i>49</i> , and that death occurred at <i>5:20</i> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Edward P. Kelly</i> | | 23b. ADDRESS <i>412 N. Taylor St. St. Louis, Mo.</i> | |
| 23c. DATE SIGNED <i>9-16-49</i> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | |
| 24b. DATE <i>9-19-49</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Int. Calvary Cemetery S., Louis, Mo</i> | |
| 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan Fun. Dir.</i> | |
| DATE REC'D BY LOCAL REG. <i>SEP 16 1949</i> | | 25. FUNERAL DIRECTOR'S ADDRESS <i>2849 N. Euclid</i> | |

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Robert L. Brinkman

Student Embalmer

Licensed Embalmer No. *3553*

P. O. Address *St. Louis*

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.