

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35352

State File No. _____

Registrar's No. **9097**

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) ST. LOUIS	c. LENGTH OF STAY (In this place) 3 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		STREET ADDRESS (If rural, give location) 5400 Arsenal St. 0	

3. NAME OF DECEASED (Type or Print) KATHERINE	a. (First)	b. (Middle)	c. (Last) LUTZ	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1951
---	------------	-------------	-----------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 29 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 MIN. Hours
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) AUSTRIA HUNGARY	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME ANTON POTJE	13b. MOTHER'S MAIDEN NAME KATHERINE ROLLINGER	14. NAME OF HUSBAND OR WIFE LORENZ LUTZ (DECEASED)
---------------------------------------	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME MAGDALEN HUMMEL ADDRESS 4901 JAMIESON
--	-------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1940X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
--	--	--

22. I hereby certify that I attended the deceased from **Dec 20** 19**48**, to **Oct. 13**, 19**51**, that I last saw the deceased alive on **Oct. 13**, 1951, and that death occurred at **12:20a.** m., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Brown M.D. (Degree or title) D	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 10/13/51
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 16 1951	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER + PAUL	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
---	-------------------------------	---	---

DATE RECORDED BY LOCAL REGISTRY 10/13/51	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Garvin
---	---	---

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.....

Leop. Budde

Signed.....
Student Embalmer

Licensed Embalmer No.

3989

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.