No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10231
Registrar's No. 2041

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4163 WALSH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2157
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location) 15 4163 WALSH

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA b. (Middle) - c. (Last) LUTZ

4. DATE OF DEATH (Month) (Day) (Year) MAR. 2 1954

5. SEX Female
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAR. 16 1876
9. AGE (In years last birthday) 77 | 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) SEWING OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY Curlee Clothes
11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA
12. CITIZEN OF WHAT COUNTRY? 4

13a. FATHER'S NAME JOHN MESSMER
13b. MOTHER'S MAIDEN NAME MARGARET Seitz
14. NAME OF HUSBAND OR WIFE FREDERICK LUTZ (DEC'D)

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. 489-03-7177
17. INFORMANT'S SIGNATURE OR NAME MARGARET ZEITLER **ADDRESS** 4163 WALSH

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) undetermined primary site
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1999

22. *I hereby certify that I attended the deceased from* 11/1, 1953, *to* 3/2, 1954, *that I last saw the deceased alive on* 3/2, 1954, *and that death occurred at* 12:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold Franklin (Degree or title) M.D.
23b. ADDRESS 11 Hampton Valley
23c. DATE SIGNED 3/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 5 1954
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.

DATE REC'D BY LOCAL REG. MAR 4 1954
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Lutz **ADDRESS** 2906 Gravois
(Licensed Embalmer's Statement on Reverse Side)

HJK

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

12-2:30 pm
2-8:30 pm [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... [illegible]

Licensed Embalmer No. 434

P. O. Address 2906 [illegible]

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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