

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31173

State File No.

8461

FILED OCT 7 - 1955

BIRTH NO. _____		REG. DIST. NO. 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 town or township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1856 S. 9th St				e. STREET ADDRESS (If rural, give location) 23 1856 S 9th St.				22570	
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) _____			c. (Last) Lutzeier			
4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1955			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH May 9 1875			9. AGE (in years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Own Business			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Frank Lutzeier			13b. MOTHER'S MAIDEN NAME Ernestine Habich			
14. NAME OF HUSBAND OR WIFE Mamie Lutzeier			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Mamie Lutzeier			ADDRESS 1856 S. 9th St.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			DUE TO (b) Cardiovascular disease			
DUE TO (c) Interventricular psychoses			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) 4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			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 June, 1955 , to Sept, 1955 , that I last saw the deceased alive on 7/25, 1955 , and that death occurred at 12:30 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas W. Lebeck M.D.			23b. ADDRESS 2000 S Broadway			23c. DATE SIGNED 9/26/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Sept 29 1955			24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Centy			
24d. LOCATION (City, town, or county) (State) St. Louis Mo.			DATE REC'D BY LOCAL REG. SEP 27 1955			REGISTRAR'S SIGNATURE J. Paul Smith M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros			ADDRESS 2201 S. Grand Blvd.			S.P. (Licensed Embalmer's Statement on Reverse Side)			

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

394 Park

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..

Student.....
Signature of Student Embalmer

Signed *Ronald O. Yabush*.....

Licensed Embalmer No. 39.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.