

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38436  
10187

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 township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) D.O.A.		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 St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 5326 Arlington Ave., 20170	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) V. c. (Last) Jutz.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955
---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 2 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
---------------	------------------------	---	-----------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Cln. Dept.	10b. KIND OF BUSINESS OR INDUSTRY Gen. Life Ins. Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME Charles Jutz	13b. MOTHER'S MAIDEN NAME Mary B. Cregan	14. NAME OF HUSBAND OR WIFE Single
---------------------------------	--	------------------------------------

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. 493-05-8670	17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Scott, 2169 Oakdale	ADDRESS
---	-------------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cardio-vascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420-1	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 11-29-55, to 11-20-55, that I last saw the deceased alive on 11-12-55, and that death occurred at 10:33A m., from the causes and on the date stated above.

23a. SIGNATURE John J. Jutz (Degree or title) M.D.	23b. ADDRESS 4703 Carter Ave St Louis	23c. DATE SIGNED 11-21-55
--	---------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-23-1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri.
--	----------------------	---	---

DATE REC'D BY LOCAL REG. NOV 22 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. 2161 E. Fair Ave.	ADDRESS
--------------------------------------	---	---	---------

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Neary*.....

Licensed Embalmer No. *373*

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.