

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

2180

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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 St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN Olivette 4390 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital e. STREET ADDRESS (If rural, give location) 22 The Orchards

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) SCHOEFERLING c. (Last) LUTZ 4. DATE OF DEATH (Month) (Day) (Year) February 29, 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH January 7, 1875 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR 1 Months 22 Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Schoeferling 13b. MOTHER'S MAIDEN NAME Frederica Oberschelp 14. NAME OF HUSBAND OR WIFE Henry C. Lutz

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 Mr. Ray G. Mills ADDRESS 22 The Orchards

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) Arteriosclerotic Heart Disease with Decompensation ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis 10 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3 wks

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-27, 1950, to Feb. 29, 1956 that I last saw the deceased alive on Feb. 29, 1956, and that death occurred at 6:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE J.J. Roth (Degree or title) _____ 23b. ADDRESS 631 1/2 N. Grand Blvd. 23c. DATE SIGNED 3-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3/3/56 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 1 1956 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blv'd.

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 *Clarence H. Murr*.....

Licensed Embalmer No. *40*.....

P. O. Address *St. Louis*.....

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.