

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16861**

FILED MAY 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5694** Registrar's No. **38**

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>New York</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Meramec</b>	c. LENGTH OF STAY (In this place) <b>66 days</b>	c. CITY OR TOWN <b>New York City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph Hill Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>831<sup>0</sup> 8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dr. Ernest</b> b. (Middle) <b>Theodore</b> c. (Last) <b>Lutz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 29, 1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Physician</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ottumwa, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>Am U.S.A.</b>			

13. FATHER'S NAME <b>Roman Lutz</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Hungleford</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, state war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bro. Root</b> ADDRESS <b>St. Joseph Hill Inf Eureka</b>

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) <b>Pulmonary tuberculosis</b>		<b>10-12</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>urinary calculus</b>		<b>Years</b> <b>6 months</b>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>525X</b>
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 **Aug 1, 1956** to **May 2, 1956**, that I last saw the deceased alive on **May 1, 1956**, and that death occurred at **10:35A** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>F.R. Finnegan M.D.</b>	23b. ADDRESS <b>539 N. Grand Blvd</b>	23c. DATE SIGNED <b>5-4-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>May 5, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saliba, Kansas</b>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Henke 4911 Washington Bly</b>	

DATE REC'D BY LOCAL REG. <b>5/12/1956</b>	REGISTRAR'S SIGNATURE <b>Ruth Jansa</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Henke 4911 Washington Bly</b>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 23 1956  
MAY 19 1956  
MAY 1956

JUN 1 1956

MAY 19 1956

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.....  
*Elton R. Remelin*

Licensed Embalmer No. 421

P. O. Address *St. Louis*

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