

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

38748

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2435300
1-56

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		St. Louis		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		St. John		b. COUNTY		St. Louis	
OR TOWN		St. John		c. CITY OR TOWN		Overland 423X	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Rugh Manor Rest H.		d. STREET ADDRESS		2606a Woodson Rd.	
Length of stay in lb		9 Mo.		(If outside, give location)		Reside on Farm	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
George				Lutz		Sept. 30, 1957	
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
male 0		white		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		May 27, 1876	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
81		Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
Tinner				Sheet Metal			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
unknown				Helen Marxer			
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.		17. INFORMANT Address	
no				NONE		493-24-3667 Richard Lutz 2807 Woodson Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)							Adeno carcinoma right lung
DUE TO (b)							1 yr
DUE TO (c)							163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY							
Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Apr 4, 1955</u> to <u>Sept 30, 57</u> and last saw <u>him</u> alive on <u>Sept 29, 57</u> . Death occurred at <u>2 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<u>Henry W. Noller</u>				<u>2438 Woodson Rd Overland 14 Mo</u>		<u>Oct 1, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		10-3-1957		Valhalla Mausoleum		Normandy, Missouri	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Baumann Bros. Inc.</u>				<u>10-2-57</u>		<u>Herbert R. Dombke, M.D.</u>	
2504 Woodson Rd., Overland 14, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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.....

David C. Gibson

Licensed Embalmer No. *342*

P. O. Address *Purdon*

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.