

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019920

STATE FILE NUMBER

1003

5832

FILED JUN 13 1958

Registration District No.

318

Primary Registration District No.

Registrar's No.

5832

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2157 Esther		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Depaul		Length of stay in 1b 2039			
3. NAME OF DECEASED (Type or print) First Middle Last Aloysius Lutker			4. DATE OF DEATH Month Day Year 6 3 58		
5. SEX M D	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-13-12	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 2 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Waterloo, Illinois /	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Lutker		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Emily Moczydlowski	
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. _____		17. INFORMANT Address Emily Lutker 2157 Esther	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Degenerative Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH 18 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				422.2	
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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <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>March 22, 1957</u> to <u>June 3, 1958</u> and last saw her/him alive on <u>June 3, 1958</u> Death occurred at <u>9:20</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>F.R. Finnegan</i> (Degree or title) F.R. Finnegan, M.D.		22b. ADDRESS 539 N. Grand Blvd. St. Louis 3		22c. DATE SIGNED 6-5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-6-57		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
		23d. LOCATION (City, town, or county) (State) Affton, Missouri			
24. FUNERAL DIRECTOR ST, LOUIS FUNERAL HOME 2205 St. Louis Ave.			25. DATE RECD. BY LOCAL REG. JUN 5 '58		26. REGISTRAR'S SIGNATURE <i>Earl Smith</i> mfb

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St Louis Mo*

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.