Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041884

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11148

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 09 DePaul Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: 0470 0 Annapolis — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS: 31 (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: August Middle: Last: Lotz

4. DATE OF DEATH Month Day Year: November 17, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 6, 1890

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Annapolis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Adolph Lotz

13b. MOTHER'S MAIDEN NAME: Isabelle Castile

14. NAME OF HUSBAND OR WIFE: Lou Lotz

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.: Unknown

17. INFORMANT Address: Emma Ruble, Centerville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarct	1hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Adeno Carcinoma of Stomach	1yr
DUE TO (c)	151X	

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]

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 10-21-58, to 11-17-58 and last saw her/him alive on 11-16-58
Death occurred at 9:30AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry Aberich M.D.

22b. ADDRESS: 563 So Kingshighway

22c. DATE SIGNED: 11/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-18-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) (State): Annapolis, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 19 58

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

md3

(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 .....

Licensed Embalmer No. 4108

P. O. Address .....

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.