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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3593

Registrar's No. 163

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Afftonis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemayuis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 151 W. Holden Ave. 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary F. Schultz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William J.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 14 (Day) 1861 (Year)

8. AGE: Years 85 Months 3 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 6 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Dan Lutz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Maria Mutter
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant George A. Schultz
(b) Address 151 W. Holdwn Ave, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter-Paul

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) 1-24-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1947 hour 9.05 minute A. M.

21. I hereby certify that I attended the deceased from January 4th, 1947, 19, to Jan. 19th, 1947; that I last saw her alive on January 17th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Uterus involving Liver, Kidneys and Left Parotid Gland	1 yr.
Due to 4883	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature De W. H. Walters (M. D. ~~or other~~)

Address 3608 So. Grand Date signed 1/2/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1950

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 George N. Archambault, Registered Apprentice No. XXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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 this body is not embalmed, fact should be so stated above.