

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

35694  
Do not use this space.

**NOV 15 1937**

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **2845 Shenandoah Avenue** St. **2**  
 (e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Luoy Lutman**  
 (a) Residence, No. **2845 Shenandoah Avenue** St. **23**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joesire Lutman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30th., 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 2 2**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) **December 1936**  
 11. Total time (years) spent in this occupation **40 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER  
 13. NAME **Frank Smith**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER  
 15. MAIDEN NAME (**Unknown**) **Ayersmann**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Joesire Lutman**  
 (ADDRESS) **2845 Shenandoah Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Desloge, Mo.** DATE **October 5th, 37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**  
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **Oct 4 1937** **J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 2nd., 19 37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 25**, 19**37**, to **Oct 2**, 19**37**. I last saw him alive on **Oct 2**, 19**37**. Death is said to have occurred on the date stated above, at **7:25 P.M.**

The principal cause of death and related causes of importance were as follows:

**Carcinoma of Uterus  
Multiple metastases**

Date of onset **1930**

Other contributory causes of importance: **H8**

Name of operation **None** Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**.  
 If so, specify **J. Heuband**, M. D.  
 (Signed) **J. Heuband**  
 (Address) **2000 9 9 37**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

**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.)**