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STATE OF MISSOURI
CITY OF JEFFERSON

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services this date of

MAY 1 3 2020

Henneth J. Palermo State Registrar

VS-804F

		CERTIFICA	TE OF	JEATH		. 500	124	79 STATE F	1LE NUMBER. 15326	
FILED	SEP 2,8,1979, DISTRI	CT NO. 317		PRIMARY REGISTRATI	ON DISTRICT N	I SEX	HE	DATE OF DEATH	(Ma. Dav. 11.)	
	DECEDENT-NAME FIRST MIDE						FE   Sept.19,1979			
			C.			14.	1		INTY OF DEATH	
	PACE - le a , White, Black , American AC Indian , etc. I (Specify)	11/6/	UNDER 1 YEAR	HOURS MINS.		ch 8,18	87	, St. I	່ວນເຮ	
	White s	92 51	).	Sc.	6. ITELL	un in enther, eve tire	et and number)	12. 000 2	30425	
VS 300 Rev. 1/78	CITY, TOWN OR LOCATION OF DEA			hristian						
DECEDENT	STATE OF BIRTH(If my in U.S.A. CI	TIZEN OF WHAT COL	MARRIE WIDOWE	D. NE'ER MARRIED. D. DIVORCED/Sprafy)	SURVIVING SI	POUSE (If wife, give	musica name)		S DECE. ENT EVER IN US WED FORCES? YES TO NO	
IF DEATH	s. Mo . 9.	USA	10. W.	idowed	11.		WIND OF BUSINE	SS OR INDUSTRY	L 163 22 110	
OCCURRED IN INSTITUTION, SES MANDROOK	SOCIAL SECURITY NUMBER		USUAL	OCCUPATION (Gire Ain)	IC. CTCH IJ PETECU	)	KIND OF BOSINE			
COUPLETION OF	13 487-36-155	57	144.	House	vife		146.		INSIDE CITY LIMIT	
AESIDENCE ITEMS		DUNTY		OWN OR LOCATION AN		STREET AND NO			(Specify Years No.)	
	15 Mo. 11	s St. Lou	is Isst	.Louis 6	3031		londa I	FIVE	LAST	
	FATHER-NAME PIRST	MIDDLE	LAST		WOTHER-WA		IRST			
* PARENTS	Ludwig	2 5	chulze		17	Augue		Grie	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner,	
	INFORMANT-NAME / Type or Frat			G ADDRESS	STREET OR R		CITY OR T		STATE 216	
	Marie M. I	Palermo	1186 2	3 Ronda	Drive	St	Louis.	, Mo .	63031	
	BURIAL, CREVATION, REVOVAL.	OTHER (Specify)	ATE CEMETE	HY OR CREMATORY -	IAME		LOCATION	CITY OR	10	
	"Removal Sept.22,1979			Concordia Cemetery			19c St. Louis, Mo.			
DISPOSITION	FUNERAL SERVICE LICENSEE OF Person Acting As Such			NAVE OF FACILITY			ADDRESS OF FACILITY			
	(Myrane) Thomas Jutis 103			Kutis Funeral Home			20,2906 Gravois 63118			
	REGISTRAR 21a (Signature)			offy m. A.			DATE RECEIVED BY REGISTRAR (Mo., Day, 1/) 21b. SEP 2 0 1979			
•	2 222. To the best of my knu	ow'edge, death ecourre	arthe time, date a	nd place and due to the		date and place and th	ination and/or inve ue to the cause(s) si	stigation, in my opin rated.	ion death occurred at the time	
			date and pla			CIT. The No. 1		LTH		
	DATE SIGNED (MAL, Day, Yr.) HOUR O			DEATH SEE DATE SIGNE			ED (M., Day, 1r.) HOU 23c. ED DEAD (M., Day, 1r.) PRO/			
CERTIFIER!	1 3 E 22b. 9 - 20		??c. ]	:45 P	3 8 23b.			23c.	DEAD (IAur)	
	NAME OF ATTENDING P	HYSICIAN IF OTHER	THAN CERTIFIER	(Type or frint)	10 1 HO	NOUNCED DEAD (A	10., Day, 11.)	PHO-100-1CE	30L-0 (11-m-)	
	5 27d.				23d.			23e. AT	P - 29 INST Indere DO	
	NAME AND ADDRESS OF	CERTIFIER IPHYSIC	IAY, MEDICAL EX	AMINER OR COF JNER	(Type or Prou)		MO. LICENSE	1107 0	P.Emer. Am Contant Alext	
CONDITIONS	24 DR, Sak	anga -	7650 -	TELEGIRAT		Louis, li	40 24b 2/	70/12	5	
WHICH GAVE	26. IMMEDIATE CAUSE	IENTER	ONLY ONE CAUS	E PER LINE FOR (a), IL	), AND [.1]				Interval between onset and d	
MISE TO	PART (a)	(ten	114	nee					leternal between power and d	
STAT NO THE	DUE TO, OR AS A CONSE	QUENCE OF	0	7 1	' 5	- , 0		. 1-	Eletan Delmer Durel and C	
CAUSE LAST	l (b)		nge	lug b	een	- /		4/100	<u></u>	
	DUE TO, OR AS A CONSI	EQUENCE OF	7	7710				0	Interval between onset and o	
(p) course of	(6)	h	ula	lake Es	nen	nerus				
CAUSE OF	PART OTHER SIGNIFICANT CO	ONDITIONS - Condition	ns contributing to d	eath but not related to cau	se given in PART	] (4)	autopsylsper	III EXAMINE	NO"	
	ACC SUICIDE HOM LINDET	DATE OF INJURY (A	o , Day, Yr.J	HOUR OF INJURY	DESCRIBE	OW INJURY OCCU	MAED			
	ACC , SUICIDE, HOM , UNDET , OR PENDING INVEST. (Specify)			••	M 29d.					
	198. INJURY AT WORK (Specify Les en No)	PLACE OF INJURY- factory, office building	At home, farm, str	ZIC. LOCATION		F.D. NO., CITY OR TO	OWN, COUNTY, STA	(TE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 30. The second of the sec	