MAY 25 1927

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

Do not use this space.

11031

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 92I South I5 Street St. Ward)

File No. — Registered No. 415

2. FULL NAME Joseph A Luttringer

(a) Residence. No. 92I South I5 Street St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Luttringer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr.7.I878.

7. AGE: Years 49 — Months 2 — Days 13 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Credit Man

(b) General nature of industry, business, or establishment in which employed (or employer): Kirkpatrick Jewelery CO.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ebbensberg, Pennsylvania.

PARENTS

10. NAME OF FATHER: Valentine Luttringer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown France

12. MAIDEN NAME OF MOTHER: Lena Wurtman.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

14. INFORMANT: Josephine Luttringer (Address) 92I South I5 street

15. FILED APR 22 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April.I9. 19 27

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ..., 19..., to April.I9., 1927. that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ... DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? View & History

(Signed) J. Ser Ulrich Coroner, M. D

April.2I 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: April.23 19 27.

20. UNDERTAKER: H.O. Sidenfaden — ADDRESS: I802 Union Str

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.

[illegible] IS A PERMANENT RECORD