

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

Do not use this space.

0 27495

**1. PLACE OF DEATH**

County .....

Registration District No. 7301

Township .....

Primary Registration District No. 1000

City .....

(No. St. Anthony's Hosp)

File No. ....

Registered No. 7302

St. .... Ward)

**2. FULL NAME** John G. Lutkewitte

(a) Residence, No. 2126 Nebraska 23 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Lulu Lutkewitte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 73

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Frank Lutkewitte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Mary Schmucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lulu Lutkewitte 2126 Nebraska an

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 8/10 1932

19. UNDERTAKER (ADDRESS) H. A. Stock and Co 2117 E. Grand Blvd

20. FILED AUG - 8 1932 19 Wm. Estabrook Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1932

22. I HEREBY CERTIFY That I attended deceased from July 27, 1932 to August 7, 19...  
I last saw ~~him~~ her alive on August 7, 1932 Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Carcinoma of sigmoid  
Intestinal obstruction Date of onset 7/29/32

Other contributory causes of importance:

46  
1238  
1238 Century of growth Date of 8/13/32  
Name of operation Resection of growth  
What test confirmed diagnosis? op. Was there an autopsy? No

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 Theo. H. Hauser, M. D.  
(Signed) 3651  
(Address) Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. NO. 2

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.

Rev. Stamer

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Del. 1952