(Courtesy) No reg. Trar

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

Do not use this space.

File No. 21717
Registered No. 138

1. PLACE OF DEATH

County St. Louis County
Township Meramec
City (No. ..... St. ..... Ward)
Registration District No. 785
Primary Registration District No. 6032

2. FULL NAME George Luettkenholder

(a) Residence, No. 1421 Dodier St. St Louis Ward Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Dora Luettkenholder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 23 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	9	10	

OCCUPATION

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

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

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

FATHER

13. NAME Gottlieb Luettkenholder

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

MOTHER

15. MAIDEN NAME Catherine Herkenroeder

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

17. INFORMANT Dora Luettkenholder
(ADDRESS) 1421 Dodier

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE June 6th 1934

19. UNDERTAKER Henry Lechner
(ADDRESS) 1417 N. Market St

20. FILED June 4 1934 Agnes C. Kelly Registrar.
Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1934

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:20 a. m.

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

210 M

Many lacerations about scalp and face. Fracture base of skull. Laceration of brain. Complete severance of neck about above margin of collar. Posterior skin barely holding head intact to shoulders. Left side of abdomen and entire hip and thigh

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acct. 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? .....
If so, specify .....
(Signed) Luke B. Timmons 6/4/1934, M. D.
(Address) 3718 Jennings Ave

Thomas J. Tyler C. ME

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.

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

JUN 26 1934

2553 1 10 10

completely macerated and all torn open. Both lower leg multiply fractured and compounded.

This was an auto collision, 1 mi. East of Eureka, St. Louis County, Mo.

Verdict of Jury:

Due to lack of sufficient evidence, we the jury feel unable to plade cause of accident, and liability, in this case, we therefore, render an open verdict for further investigation.