NOV 22 1934

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

Do not use this space.

File No. 37191

Registered No. 208

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 333

Township St. Ferdinand Twp. Primary Registration District No. 4468

City Florissant, Mo. (No. R. F. D, 2 Box 143 Florissant, Mo. St. ..... Ward)

2. FULL NAME Lawrence W. Litteken

(a) Residence, No. Florissant, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	11	23	

OCCUPATION

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

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

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) Missouri

FATHER

13. NAME John W. Litteken

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

MOTHER

15. MAIDEN NAME Clara Weber

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

17. INFORMANT John W. Litteken
(ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sacred Heart Cem. DATE 10/29/34, 19

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.

20. FILED Oct 26, 1934 M. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/34, 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 m P.M.

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

Accidental death, caused by being struck by crash of lightening or (electrical execution) by lightening while unhitching a team of horses in his father's barn. Lightening completely destroyed the large farm barn by fire. He was struck in the left temporal, burning hair from this side of head and

Other contributory causes of importance:

Name of operation Coroner's View Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Luke B. Munson, M.D.

(Address) 3718 Jennings Rd. 10/25/34

Coroner St. Louis Co. Mo.

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

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.

going out thru both sides af many areas down to the knee. This happened in St.Ferdinand Township,Florisaant,Mo.