

Registration District No. **10784**

Primary Registration District No. **107**

Registrar's No. **562**

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 12/15/41
(Specify whether
In this community unknown Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**
(c) City or town Ferguson **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Raymar Place. **2**
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - **0**

3. (a) PRINT FULL NAME Charles Christian Lutteke

3. (b) If veteran, name war World War 1918 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4, 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Ferguson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman.

11. Industry or business -

12. Name Christ Lutteke
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Blase
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 3/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director L. M. White

(b) Address 118 N. Florissant Rd. Ferguson
19. (a) MAR 11 1942 (b) C. H. Mo. Registrar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 9th,
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from December 15, 1941 to March 9th, 1942
that I last saw him alive on March 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach, with intra-abdominal metastasis. Duration About 14 mo.

Due to -

Due to -

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings: Exploratory laparotomy with Gastroenterostomy performed at this facility on 1/7/41. Of operations Autopsy not performed. Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? R. W. Good (Specify type of place) _____ (State of injury) _____

23. Signature R. W. GOOD, M.D. (M. D. or other) _____
Address Acting Chief Medical Officer Date signed 3/9/42.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

107

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.