S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23870

FILED AUG 13 1942

Registration District No. 8 Primary Registration District No. 1001 Registrar's No. 742

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community: 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 3117 Lafayette St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Henry Valentine Luttringer

3. (b) If veteran, name war: None

3. (c) Social Security No. 491-09-0731

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna Lee Luttringer

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: April (Month) 8 (Day) ~~1942~~ 1884 (Year)

8. AGE: Years 38 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Pres. & Gen. Manager

11. Industry or business: Brady-Mehorney Furniture

FATHER
12. Name: Joseph A. Luttringer
13. Birthplace: Unknown (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name: Josephine M. Mayer
15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Anna L. Luttringer

(b) Address: 3117 Lafayette St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman W. Schulte

(b) Address: 1202 Union Str. St. Joseph, Mo.

19. (a) 7-29-42 (Date received local registrar) (b) Rose Hengy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 28 year: 1942 hour: 2 minute: 15 A.M.

21. I hereby certify that I attended the deceased from 7-24-42, 19__, to 7-28, 1942, that I last saw him alive on 7-27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary Thrombosis — Duration: 8 days

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 4a

Major findings: Of operations:

Of autopsy: As above

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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Harold J. Brunn (M. D. or other)

Address: St. Joseph, Mo. Date signed: 7-29-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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.....Elbert L. Harrington

Licensed Embalmer No.....3258

P. O. Address.....St. Joseph

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.