V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8535

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2599

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3425 Alberta /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis 9 | 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3425 a Alberta Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Lutteke

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife F. Joseph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 17 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	1	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Nil. Invalid
11. Industry or business

FATHER
12. Name Geo. Hauck
13. Birthplace Mehlville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Becker
15. Birthplace New Orleans (City, town, or county) La. / (State or foreign country)

16. (a) Informant Blanche McKenna
(b) Address 3425 a Alberta
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec St.
19. (a) MAR 18 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 16 year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec. 1936 to March 16, 1943 that I last saw her alive on March 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis arteriosclerosis	10 yrs
Due to: Asteritis Deformans	20 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None
(b) Date of occurrence None
(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 Max Starkloff (M. D. or other) MD
Address 512 Dam Pl Date signed 3/16/43

(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 George N. Archambault, Registered Apprentice No. XXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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.