

FILED JUN 9 1949 818

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 4955

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 Mo. 23 Days  
(Specify whether  
In this community..... Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....  
(c) City or town. St. Louis 925  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 1/2 North Sixth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME

Herman J. Leutger

3. (b) If veteran, name war.....  
Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive. Single years

7. Birth date of deceased. March 15, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days 75 1 25 If less than one day hr. min.

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

10. Usual occupation. Nil.

11. Industry or business. Nil.

MOTHER FATHER { 12. Name. William Luetger Germany 4

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name. Anna Hanna Germany 4

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. Anna Morrison  
(b) Address. St. Louis City Hospital.

17. (a) Undisposed Body (b) Date thereof. 5-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Louis

18. (a) Signature of funeral director. J. F. Brubaker  
(b) Address. 3500 Kuback

19. (a) MAY (b) J. F. Brubaker  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1943 hour 8:05 minute 1 M.

21. I hereby certify that I attended the deceased from March 16, 1943 to May 9, 1943; that I last saw him alive on May 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Stomach

Due to..... 1/2

Due to..... H/A

Other conditions. (Include pregnancy within 3 months of death) H/A

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature. M. W. Johnson (M. D. or other) 5/10/43  
Address. 1515 Lafayette Avenue, Date signed

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**