

FILED NOV 4 1944

Registration District No. **377**

Primary Registration District No. **3063**

Registrar's No. **2329**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis Co. Hospital**
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Luttrell**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **498-03-4661**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **July 9, 1904.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	3	21	hr. min.

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

10. Usual occupation **Construction Labor**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Luttrell**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Cora E. Landis**

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

16. (a) Informant **Mrs. Warska Oellermann**

(b) Address **1567 Lewis Ave.,**

17. (a) **Burial** (b) Date thereof **Nov. 2/44.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) **NOV 2 1944** **Hodiamont Ave.,**

19. (a) **NOV 2 1944** (b) **E. J. McQuinn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")

(d) Street No. **1567 Lewis Ave.,**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30**
year **1944** hour **2:20** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Result of gun-shot wound of neck.**

Due to **Gun-shot wound of left side of neck; perforation of carotid artery; transection of spinal cord.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **166**

Of operations _____

Of autopsy **Yes.**

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) **Homicide.**

(b) Date of occurrence **Oct. 30, 1944**

(c) Where did injury occur? **3635-7 Kienlen Ave.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In tavern.

Where at work? _____
(Specify type of place)

(e) Means of injury _____

Signature **E. J. McQuinn** (Registrar's signature)

Address **Clayton, Mo. 10-31-44** Date signed _____

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

16
3

NOV 16 1944

Co. Coroner.

Lawrence P. Franchot

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. 3225

P. O. Address 1125 Hodiament Ave.,

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.