

37599  
**FILED JAN 31 1945**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days memorial  
(Specify whether)

In this community 0 years, months or days  
**3. (a) PRINT FULL NAME** Oliver Lutteke  
**3. (b) If veteran,** name war 0  
**3. (c) Social Security** No. 0

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** 3 divorced  
**6. (b) Name of husband or wife** 0  
**6. (c) Age of husband or wife if alive** 0 years  
**7. Birth date of deceased** January 29, 1883  
(Month) (Day) (Year)

**8. AGE:**  
Years 61 Months 11 Days 20 If less than one day  
hr. min.

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

**10. Usual occupation** Retired, rooming house

**11. Industry or business**

**12. Name** Francis J. Lutteke  
**13. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Emma Hauck  
**15. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Oliver J. Lutteke  
**(b) Address** 3262 Delor St.

**17. (a) Burial** 0 **(b) Date thereof** Jan. 20, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Park Lawn Cem.

**18. (a) Signature of funeral director** Schumacher Hud Co  
**(b) Address** 3013 Meramec St.

**19. (a)** JAN 20 1945 J. F. Prudeck  
(Date received for registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 0  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3262 Delor  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan. day 18th  
year 1945 hour 1:10 minute A. M.  
**21. I hereby certify that I attended the deceased from** 1/18/45  
1/18/45, 1945, to 1/18/45, 1945;

that I last saw him im alive on 1/18/45, 1945,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia non-cerebralis  
Duration 93 hr  
Due to 0  
Due to 0

Other conditions Hypertension, Coronary  
(Include pregnancy within 3 months of death)  
vascular disease  
Major findings:  
Of operations 0

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.  
Of autopsy Pneumonia, Hypertension, Coronary  
vascular disease, heart with pericarditis

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0

**(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? (2) Means of injury 0

**23. Signature** E. W. Giebranski (M. D. or other)  
Address 1515 Lafayette 1/18/45

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.**