S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18976

FILED JUN 30 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5074

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: 5052 Arlington Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5052 Arlington Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME AUGUST LUTTIG

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie L. (nee Schaller)

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept 23, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Brewer

11. Industry or business Falstaff Brewery

FATHER
12. Name Martin Luttig
13. Birthplace Luxemberg
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Wallsdorf
15. Birthplace Belgium
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Luttig
(b) Address 5052 Arlington Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) JUN 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1945 hour 6 minute 30 AM M.

21. I hereby certify that I attended the deceased from June 5, 1945 to June 7, 1945
that I last saw him alive on June 5, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive	Dont
Heart disease	Know
Due to arterio-sclerosis	Dont
Due to	know
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Av. Date signed 6/8/45

(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 Gustav W. Dutul

Licensed Embalmer No. 4329

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.