

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6690

FILED MAR 8 1946

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton  
(c) Name of hospital or institution: Walnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: GEORGE D. LUETGEN

3. (b) If veteran, name war \_\_\_\_\_ 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 Esena 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased 9-25-1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 30 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name John Luetgen

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

14. Maiden name Retbecca Winkler

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

16. (a) Informant Golden Luetgen

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 2-12-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director D. T. Hemmeyer

(b) Address Smithton Mo

19. (a) 2/18/46 (b) Betty Prager (Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(d) Street No. Smithton  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Feb 9 10 PM 1946 to Feb 9-11 PM 1946  
that I last saw him alive on Feb 9-11 PM 1946  
and that death occurred on the date and hour stated above:

Immediate cause of death Coronary occlusion  
Due to Arterio sclerosis of coronary artery  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 940

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: \_\_\_\_\_

23. Signature Betty Prager (M. D. or other) MD

Address Oliverville Mo Date signed 2/11/46

351 (Licensed Embalmer's Statement on Return)

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

RECEIVED

District Health Officer No. 87

District File Number 3-746

Date Filed                     

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

*A. F. Neumeier*

Licensed Embalmer No.

3912

P. O. Address

*Smithton, 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.