S. No. 2
M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10784

FILED MAR 18 1946

Registration District No. 6076

Primary Registration District No. 6076

Registrar's No. 529

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 2/22/46 (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 109
(c) City or town Warrenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUTTMANN, Hugo W.
3. (b) If veteran, name war World I
3. (c) Social Security No. 490147459
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Gladys Luttmann
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased February (Month) 20 (Day) 1889 (Year)

8. AGE: Years 57 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Warrenton, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business
FATHER
12. Name Fred Luttmann
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Caroline Sprick
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clin. Clk. Vet. Adm. Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Warren County, Mo.
18. (a) Signature of funeral director F. W. Nieberg
(b) Address Funeral Home, Warrenton, Mo.
19. (a) 3-2-46 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) MSD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1946 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from Feb. 22, 1946, to March 1, 1946 that I last saw him alive on March 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH ACUTE OCCLUSION AND MYOCARDIAL INSUFFICIENCY CLASS V	
Due to	13 hrs.
Due to	
Other conditions CEREBRAL ARTERIOSCLEROSIS (THROMBOSIS) WITH HEMIPARESIS LEFT, SUBSIDING (Include pregnancy within 3 months of death)	2 wks.

Major findings:
Of operations No Operation
Of autopsy No 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) No
(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? Means of injury 0
23. Signature L. E. Stilwell L. E. STILWELL, M. D. (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 3/1/46

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1946

DEC 16 1946

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 John E. Herlinger, Registered Apprentice No. 375, working under my personal supervision.

Signed John J. Shieberg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.