

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2792

FILED JAN 22 1948

1003

Registrar's No. 390

Registration District No. 318

Primary Registration District No.

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

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME Donna Lee Luttell

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 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 11 years

7. Birth date of deceased November 11 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 2
If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Leon Jack Luttell

13. Birthplace E. Chicago Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mary Baker

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

16. (a) Informant Mrs. Margret Luttell

(b) Address Venice, Ill.

17. (a) burial (b) Date thereof Jan. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laure Hill

18. (a) Signature of funeral director J. F. Bredack

(b) Address Madison, Illinois

19. (a) JAN 14 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999
(c) City or town Venice 11
(If outside city or town limits, write "RURAL")
(d) Street No. 623 Broadway
N.R. (If rural, give location)
(e) Citizen of foreign country? 21
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-13 day
year 1948 hour 10 minute 49 P.M.

21. I hereby certify that I attended the deceased from 1-12 to 1-13 1948
that I last saw him or alive on 1-12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Virus pneumonia Duration 10 days

Due to Virus injection

Due to 109

Other conditions Cardiac dilatation?
(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?

While at work (Specify type of place) (c) Manner of injury

23. Signature Robert M. Elmer M.D. or other MD
Address 256 Yarnes av Date signed 1/13/48

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 J. Lakey*

Licensed Embalmer No..... *2792*

P. O. Address..... *Madison Ill*

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.