

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29711
STATE FILE NUMBER 7578

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7578

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phemer Phillips Hospital		Length of stay in lb 27	
d. STREET ADDRESS 1212 Hamilton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Luttman Last Luttman			4. DATE OF DEATH Month August Day 11 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1914
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Ambulance	11. BIRTHPLACE (City and state or country) Renault, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Frank Luttman	
14. MOTHER'S MAIDEN NAME Alice Bahn		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 336-18-3376		17. INFORMANT Address Mrs. Marie Hegel, Benld, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis, secondary to Penetrating wounds of the abdomen; suffered when stabbed by unknown person or persons during burglary, in house at 1212 Hamilton Ave. about 3:40 a.m., August 10th, 1957			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (c)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) E982X	
20c. TIME OF INJURY Hour 3:40 a. m. Month 8 Day 10 Year 1957			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 'NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 1000 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick J. Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 8-13-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-13-57	
23c. NAME OF CEMETERY OR CREMATORY Stamton Cemetery		23d. LOCATION (City, town, or county) (State) Stamton, Ill.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. AUG 13 57	
26. REGISTRAR'S SIGNATURE Paul Smith MD			

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.