WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 40022

Township ..... Primary Registration District No. 1003 Registered No. 12042

City St. Louis Mo. (No. 2900 Virginia Ave. St. ..... Ward)

2. FULL NAME Leota Utter

(a) Residence. No. 2900 Virginia Ave. St., 16 Ward, ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18-1923.

7. AGE: 3 YEARS, 0 MONTHS, 1 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Wm A. Utter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis Mo.
12. MAIDEN NAME OF MOTHER Esther Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Wm A. Utter
(Address) 2900 Virginia Ave.

15. FILED DEC 21 1926 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 - 1926.

17. I HEREBY CERTIFY, That I attended deceased from 12/1/ 1926, to 12/19/ 1926 that I last saw her alive on 12/18/26, 19..., and that death occurred, on the date stated above, at 3:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Broncho
Primary
93C
107B
90B
(duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?

12/20 (Signed) W. F. Neun, M. D
1926 (Address) 2820 S. Grand Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Concordia Cem, DATE OF BURIAL: Dec. 22 - 1926.

20. UNDERTAKER: Ziegenhein Bros. 2623 ADDRESS: Cherokee St.