

**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**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **5317 West Ave.**) St. Ward

File No. **41957**
 Registered No. **11068**
 St. Ward

2. FULL NAME **Henrietta Utter**

(a) Residence, No. **5317 West Ave.** St. **15** Ward. (If nonresident, give city or town and State)

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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 4-1871**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	61	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

MOTHER FATHER 13. NAME **Wm Dougherty**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Anthony Utter** (ADDRESS) **5317 West Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset** DATE **Dec 15th** 1932

19. UNDERTAKER (ADDRESS) **Wacker Halden** **233 So Broadway**

20. FILED **DEC 14 1932** **May C. Barker** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 12th** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 20, 32, to Dec 12, 32**
 I last saw her alive on **Dec 11, 1932** Death is said to have occurred on the date stated above, at **12 noon** m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Broncho)
107A
162 **10/1/10**
 Other contributory causes of importance: **Sensibility**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify
 (Signed) **J. B. Bennett** M. D.
 (Address) **311 S So Grand**

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.

