

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

**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. **10478**
 City **St. Louis, Missouri** No. **3449a**, **Crittenden** St. **10478** Ward)

2. FULL NAME **Mr. Frederick Uthoff**

(a) Residence, No. **3449a Crittenden** st. **16** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **76 yrs. 1 mos. 17 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Mrs. Sarah Quast Uthoff				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1844				
7. AGE	YEARS 89	MONTHS 8	DAYS 23	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 1896			
11. Total time (years) spent in this occupation 59 yrs.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldendorf, Germany				
FATHER	13. NAME Faerber Elmer Ludwig Wm. Uthoff			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Christine Hager			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Mrs. Sarah Uthoff (ADDRESS) 3449a Crittenden				
18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE December 7, 1933				
19. UNDERTAKER Biederwieser Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue				
20. FILED 6-6-1933 J. F. Prebeck Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 5, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 29, 1933 to Dec. 5, 1933**

I last saw him alive on **Dec. 4, 1933** Death is said to have occurred on the date stated above, at **6:00 A.M.**

The principal cause of death and related causes of importance were as follows:
Polar Pneumonia
108
104A
162

Other contributory causes of importance:
lung edema
acute pharyngitis

Date of onset **Nov. 25**

Name of operation **None** Date of.....
What test confirmed diagnosis? **1/5 Ex.** Was there an autopsy? **No.**

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) **Dr. Luc H. Poehl**, M. D.
 (Address) **2115 S. Grand**

