

MAR 12 1936

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

Do not use this space.

7759

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis* (No. *3449a*) *Crittenden* St. Ward)

File No.
Registered No. **1420**
St. Ward)

2. FULL NAME

Sarah M. Utthoff
(a) Residence, No. *3449a Crittenden* St., *16* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Frederick Utthoff</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr. 12, 1856</i>		
7. AGE	YEARS <i>79</i>	MONTHS <i>9</i>
	DAYS <i>24</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At home</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cleveland Ohio</i>		
FATHER	13. NAME <i>Martin Quast</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Sueda Utthoff 3449a Crittenden St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Resurrection Cem. Feb 10, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Reidmeyer Funeral Home 1936 St. Louis Ave</i>		
20. FILED <i>FEB - 8 1936 J. T. Bredeck Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 6, 1936*

22. I HEREBY CERTIFY That I attended deceased from *January 1935, 1935, to Feb 6, 1936*

I last saw her alive on *Feb 6, 1936* Death is said to have occurred on the date stated above, at *10:30 P.M.*

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

Carcinoma of the Pancreas 1/19/35

Diabetes Mellitus 2/26/32

Other contributory causes of importance: *None*

Name of operation *None* Date of

What test confirmed diagnosis? *Pancreatic* 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) *August G. Lushman* M. D.
(Address) *6194 Delmot Blvd*

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.

