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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27220

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7012

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7315 Minnesota ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Uthoff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wilhelmina Uthoff

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 12 (Day) 1867 (Year)

8. AGE: Years 74 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpenter

FATHER
12. Name Herman Uthoff
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helena Matten
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lou Vogt
(b) Address 7315 Minnesota ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister M. & L. Co.
(b) Address 7814 S. Broadway

19. (a) AUG 30 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1941 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from lacerated lung, when he fell from a ladder in the home of Wilhelminia Schutz, R #11, St Louis County, Mo. Duration

Due to about 10:30 A.M. Aug 27, 1941. ACCIDENT

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence 8-27-1941
(c) Where did injury occur? St. Louis County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.