

STANDARD CERTIFICATE OF DEATH

State File No.

6634

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

FILED JUL 31 1948

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 mo, 1 day
In this community... Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Louis
(c) City or town... City Infirmary
(If outside city or town limits, write "RURAL")
(d) Street No... 5800 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME UTLEY, Arthur

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 6, 1875 years

7. Birth date of deceased. Dec. 6, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 15 If less than one day
hr. min.

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

10. Usual occupation ?????? Patient

11. Industry or business ?????? None

MOTHER FATHER
12. Name UTLEY, Joel
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name HEINMOCH, Caroline
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant D.E. Basso
(b) Address 5800 Arsenal St., St. L., Mo.

17. (a) Burial (b) Date thereof July 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) JUL 22 1948 J. F. Bussok
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1943 to July 21, 1948
that I last saw him alive on July 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 15 min

Due to Atherosclerosis several years

Due to AK

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary Thrombosis
Of autopsy Atherosclerosis
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Nature of injury

23. Signature A. W. McLaughlin A. B. Berman
Address City Infirmary (M. D. or other) Date signed 7/22/48

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.

Not Embalmed

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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

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