

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED APR 18 1946 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3293**

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: Barnes Hospital, 0  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County 999  
 (c) City or town Evansville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 29 B West Florida  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARVIN DANIEL UTLEY  
 3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Virginia Utley 6. (c) Age of husband or wife if alive 29 years  
 7. Birth date of deceased July 18 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 8 21 hr. min.

9. Birthplace Evansville Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Body Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin Utley  
 { 13. Birthplace Union County Kentucky  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Margaret Grisham  
 { 15. Birthplace Union County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Utley  
 (b) Address Evansville, Indiana

17. (a) Removal (b) Date thereof 4-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Indiana

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) APR 9 1946 (b) J. Prudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month April day 9  
 year 1946 hour 10 minute 15 a.m.

21. I hereby certify that I attended the deceased from March 22, 1946 to April 9, 1946;  
 that I last saw him alive on April 9, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess, ruptured, left lower cavity Duration 24 hours

Due to Mixed tumor of the trachea, Carcinoma of Trachea.

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) \_\_\_\_\_  
 (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) Means of injury 0

23. Signature FR Bradley (M. D. or R.N.)  
 Address Barnes Hospital Date signed 4/9/46

8628

**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 *John Oguroshi*  
Licensed Embalmer No. *3348*  
P. O. Address.....

**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.**