

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42949**
11301

FILED JAN 13 1951		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3123 MICHIGAN				d. STREET ADDRESS (If rural, give location) 3123 MICHIGAN			
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) - c. (Last) UTRY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 31 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 13 1889	
9. AGE (In years last birthday) 61		10. MONTHS 61		11. BIRTHPLACE (State or foreign country) YUGOSLAVIA 8		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLOOR MNGR			10b. KIND OF BUSINESS OR INDUSTRY KAMMERT FUR.				
13a. FATHER'S NAME FRANK UTRY			13b. MOTHER'S MAIDEN NAME KATHERINE FORNBACH			14. NAME OF HUSBAND OR WIFE PAULINE UTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAULINE UTRY 3123 MICHIGAN		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-carcinoma of Lung</u>			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
				<u>Malnutrition due to inability to swallow</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>			
				<u>2 wks.</u>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>50</u> , to <u>Dec.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 30</u> , 19 <u>50</u> , and that death occurred at <u>11:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles B. Obermayer</u>			23b. ADDRESS <u>3103 Arsenault St.</u>		23c. DATE SIGNED <u>1/2/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN. 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lachar</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Working under my personal supervision.

Student Embalmer No.

Signed Norman C. Dill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Slavov

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.