

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25419

5931

BIRTH NO. _____		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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				2d STREET ADDRESS (If rural, give location) 2330 Olive Street 0					
3. NAME OF DECEASED (Type or Print) a. (First) EDDY		b. (Middle) L		c. (Last) UTT		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D 3		8. DATE OF BIRTH April 27, 1895			
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR 2 Months		IF UNDER 24 HRS. 3 Day		IF UNDER 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Quincy Illinois		12. CITIZEN OF WHAT COUNTRY? /			
13a. FATHER'S NAME Thomas J. Utt			13b. MOTHER'S MAIDEN NAME Theresa Casragheta			14. NAME OF HUSBAND OR WIFE Gertrude			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mae Lewis 18260 Meyer Rd Detroit Michigan					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease 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. 54 E				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? H/B X			
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"/>		22. I hereby certify that I attended the deceased from April 19, 1951 , to June 30, 1951 , that I last saw the deceased alive on June 30, 1951 , and that death occurred at 11:30 m., from the causes and on the date stated above.					
23a. SIGNATURE Edward W. Gebhardt M.D. (Degree or title)				23b. ADDRESS 310 Grand St		23c. DATE SIGNED 7/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-51		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J B Lester		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette Avenue			

Dr. Robt A. Nussbaum, MD
3701 Grandel Square
JE 4430

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *A. J. Harris*

Licensed Embalmer No. 3384

P. O. Address *A. J. Harris*

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.