. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1290

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 4

470

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton, Mo
c. LENGTH OF STAY (In this place): 2hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2079
d. STREET ADDRESS (If rural, give location): 5410 Emmerson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) D c. (Last) Juttemeyer
4. DATE OF DEATH (Month) I (Day) 31 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/24/31
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Const. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): 5410 Emmerson St. Louis
12. CITIZEN OF WHAT COUNTRY? US.A.
13a. FATHER'S NAME: Frank H. Juttemyer
13b. MOTHER'S MAIDEN NAME: Bertha E Young
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-30-7088
17. INFORMANT'S SIGNATURE OR NAME: Frank H Juttemeyer — ADDRESS: St Louis Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock Loss Of Blood

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Severed Femoral Artery

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
090
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #21
21c. (CITY, TOWN, OR TOWNSHIP) Ellington (COUNTY) Reynolds (STATE) Mo
21d. TIME OF INJURY (Month) I (Day) 31 (Year) 53 (Hour) 6.45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Overturned on Curve on H-Way #21

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10.25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Howell (Degree or title) Coroner.
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 2/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/4/53
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: Mrs Avis Jones
25. FUNERAL DIRECTOR'S SIGNATURE: MATH HERMANN — ADDRESS: ST LOUIS MO.

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1953

FEB 6 1953

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 C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Easton, Md

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.