

FILED SEP 26 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32464

State File No.

318

1003

8163

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5641 Nottingham Ave.				e. STREET ADDRESS (If rural, give location) 1790 5641 Nottingham Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) ANTONIA		b. (Middle) UMBRICT-UMBRIGHT		c. (Last) _____	
4. DATE OF DEATH		(Month) Sept.		(Day) 2,		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 11, 1865	
9. AGE (In years last birthday) 90		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John G. Futscher		13b. MOTHER'S MAIDEN NAME Ottilia Rehbolz		14. NAME OF HUSBAND OR WIFE Late Emil Umbright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emilia A. Umbright-5641 Nottingham			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility (Senility) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Contusion of knees and arms <i>Contusion of knees & arms 1 day</i>				INTERVAL BETWEEN ONSET AND DEATH 90 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		E902.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis, Mo. (COUNTY) Mo. (STATE) Mo.			
21d. TIME OF INJURY Sept 9, 1956 6 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed			
22. I hereby certify that I attended the deceased from Jan 1, 1950 to Sept 2, 1956 ; that I last saw the deceased alive on Aug 15, 1956 , and that death occurred at 9:20 AM , from the causes and on the date stated above. 9-4-56							
23a. SIGNATURE B. J. McGinnis		(Degree or title) M.D.		23b. ADDRESS 16 Hampton Village		23c. DATE SIGNED 9-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-56		24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 4 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Kriegshauser-4228 S. Kingshighway Bl.			

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 75
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.