Health, Welfare Public Service

300
1-56

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42894

STATE FILE NUMBER 11433

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): #12 Aberdeen Place, — Length of stay in Ib Years 2054

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): #12 Aberdeen Place. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First FRANCIS Middle THACHER Last CUTTS.

4. DATE OF DEATH: Month Dec Day 12, Year 1956.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 28th, 1880

9. AGE (In years last birthday): 76n — IF UNDER 1 YEAR: Months 5 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Civil

11. BIRTHPLACE (City and state or country): Hannibal, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thacher Cutts

14. MOTHER'S MAIDEN NAME: Mary Alice Francis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------Z

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Jane Watkins Cutts — Address: 12 Aberdeen Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of tongue — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with metastases to cervical nodes — 6-8 mo.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 141X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-4-56, to 12-12-56 and last saw ~~her~~ him alive on 12-11-56
Death occurred at 1 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. M. Charles MD (Degree or title)

22b. ADDRESS: 110 S. Central

22c. DATE SIGNED: 12-12-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12 / 15 / 56

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons, #7233 Delmar Blv'd.,

25. DATE RECD. BY LOCAL REG.: DEC 13 1956

26. REGISTRAR'S SIGNATURE: Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr Cecil M. Charles.
#110 So. Central.
until 6:00 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arnold W. Schoen

Licensed Embalmer No. 3

P. O. Address St Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.