

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47592

STATE FILE NUMBER  
12312

FILED JAN 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

|   |                           |   |  |  |   |
|---|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN ST. LOUIS, MISSOURI   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN University City  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br>BY BARNES HOSPITAL   |                           | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>27 6315 Washington  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>JACOB NMN KUTTNER  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>DECEMBER 22, 1957  |  |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Mar. 6, 1872   |  | 9. AGE (In years last birthday)<br>85   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Chemist  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Chemist  |  | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo. |   |
| 10c. FATHER'S NAME<br>Unknown   |                           | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |  | 14. NAME OF HUSBAND OR WIFE                                  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, give war or dates of service)<br>UNK.   |                           | 16. SOCIAL SECURITY NO.<br>UNK.   |  | 17. INFORMANT<br>Mrs. W. Frumson-6315 Washington Ave.        |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) APLASTIC ANEMIA<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)<br>DUE TO (c) 292.4 |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                           |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                           |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 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 DEC. 12, 1957 to DEC. 22, 1957 and last saw her alive on DEC. 22, 1957<br>Death occurred at 8:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |  |  |   |
| 22a. SIGNATURE<br>C. O. Vermillion, M. P. M. D.   |                           |   | 22b. ADDRESS<br>BARNES HOSPITAL  |  | 22c. DATE SIGNED<br>12/23/57  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>12/28/57   | 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Sinai Cemetery   |  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo.                            |
| 24. FUNERAL DIRECTOR<br>Herman Rindskopf, Inc. 5216 Delmar  |                           | 25. DATE RECD. BY LOCAL REG.<br>DEC 23 57   |  | 26. REGISTRAR'S SIGNATURE<br>J. Earl Smith M.D.<br>S.P.      |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 9 1958

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 *Peter P. DeBrosillo*

Licensed Embalmer No. *3691*  
P. O. Address *St. Louis*

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.