

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7914**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Anthony's**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
 In this community **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Webster Groves**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **417 Summit Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME **Victor Covington Utterback**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margey Hendrix Utterback** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **July 17 1892**
 (Month) (Day) (Year)

8. AGE: Years **48** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Cloverdale Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business _____

12. Name **Thomas Covington Utterback**

13. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)

14. Maiden name **Alma Mae Pritchard**

15. Birthplace **Cloverdale Indiana**
 (City, town, or county) (State or foreign country)

15. (a) Informant's own signature **Mrs. Margey Utterback**
 (b) Address **417 Summit Ave.**

17. (a) **Removal** (b) Date thereof **Sept. 24, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cloverdale, Indiana**

18. (a) Signature of funeral director **W. Helberg Funeral Home**
 (b) Address **Webster Groves, Mo.**

19. (a) **SEP 23 1940** (b) _____
 (Date received local registrar) (Registrar's initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23**
 year **1940** hour **4** minutes **50** a. m.

21. I hereby certify that I attended the deceased from **Oct 2 - 1939**
Oct 2, 1939, to **Sept 23**, 1940
 that I last saw him alive on **Sept 22**, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung (primary)**
 Due to **lung cancer**
 Due to _____
 Other conditions **None**
 (Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

Major findings: _____
 Of operations _____
 Of autopsy **Primary Carcinoma lung**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place) (e) Means of injury _____
 23. Signature **F. J. Permand** (M. D. or other) **M.D.**
 Address **3115 S. Grand Ave** Date signed _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY the cause of death.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.