

SEP 11 1943 318

Registration District No. 318 Primary Registration District No. 1003

State File No. Registrar's No. 7841

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5317 West Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Anthony Utter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henrietta Utter

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December 31, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>73</u>	<u>8</u>	<u>0</u>	hr.	min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Utter

(b) Address 5619 Neosho St.

17. (a) Burial (b) Date thereof 9 2 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 3634 Gravois Ave.

19. (a) SEP 11 1943 (b) J. F. Brudeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 5317 West Ave.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1943 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1943, to Aug 31, 1943,
that I last saw him alive on Aug 30, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pharynx

Due to _____

Due to _____

Other conditions HST
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F. G. Pennington
Address 3115 So. Grand Date signed 8/31/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Frank J. Gylman*
Licensed Embalmer No. *19645*
P. O. Address..... *W. Donitmo*

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.