

FILED JUN 23 1944

318

Primary Registration District No.

1003

Registrar's No. **5372**

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:  
**De Paul Hospital**  
 (If not in hospital or institution, write street number or location) **0**  
 (d) Length of stay: In hospital or institution? **?**  
 In this community **Life**  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME

**Frederick H. Uthoff**

3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **498-05-8992**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Ida Uthoff** 6. (c) Age of husband or wife if alive **55** years  
 7. Birth date of deceased **April 25th, 1887**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57** **1** **17** hr. min.

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

10. Usual occupation **Shipping Clerk**

11. Industry or business **General Cable Co.**

12. Name **Frederick Uthoff**

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

14. Maiden name **Hermine Crome**

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

16. (a) Informant **Mrs. Ida Uthoff**

(b) Address **4284a Clarence Ave.**

17. (a) **Burial** (b) Date thereof **June 15, 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JUN 14 1944** (b) **J. F. Braddock**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4284a Clarence Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th**  
 year **1944** hour **10:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 2**  
 19**44**, to **June 12**, 19**44**  
 that I last saw him alive on **June 12**, 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Obstruction of Bowel** Duration **10 days**

Due to **Incarcerated & Temporal Hernia**

Due to \_\_\_\_\_

Other conditions **Myocardial Draining?**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations **as above**

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?  
 (Specify type of place)

While at work? \_\_\_\_\_ Mean of injury \_\_\_\_\_

23. Signature **W. P. Smith** (M. D. or nurse)

Address **4500 Clarence** Date signed **June 14, 1944**

AUG 3 1944

4100 Glenview Ave.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.