

13
39
06671

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** Memorial
(Specify whether)

In this community **All his life**
years, months or days

3. (a) PRINT FULL NAME **ARTHUR UTT**

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

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**

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

7. Birth date of deceased **January 29, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	23	hr. min.

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

10. Usual occupation **Musician**

MOTHER FATHER

11. Industry or business

12. Name **Oliver F. Utt**

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

14. Maiden name **Lillie E. Hemingway**

15. Birthplace **St. Lawrence County, N. Y.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. E. Utt**

(b) Address **4162 Shenandoah**

17. (a) Cremation **(b) Date thereof** **12-27-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Alexander J. Jones**

(b) Address **6175 Delmar St. Louis, Mo.**

19. (a) DEC 26 1945 **(b) J. F. Bradeck**
(Date received local registrar) (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. **4162 Shenandoah** Memorial (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22nd** year **1945** hour **1:40** minute **P** M.

21. I hereby certify that I attended the deceased from **12/20/45** to **12/22/45**, 19... that I last saw h. **im** alive on **12/22/45**, 19... and that death occurred on the date and hour stated above

Immediate cause of death **Myocardial infarction** Duration

Due to **Arterio-sclerotic heart disease**

Due to

Other conditions **Faenec's Curious** (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **12/24**

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

23. Signature **W. Hamilton** **12/22/45** **MD**
1519 Lafayette (Date signed)

Address

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

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 *Joseph McCallister*
Licensed Embalmer No. *2460*
P. O. Address *6125 Pellmar*

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.