

FILED DEC 28 1945
Registration District No. **318**

Primary Registration District No. **1003**

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 1 mo.
(Specify whether years, months or days)

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. 5351 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oliver C. Utter

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m /

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

7. Birth date of deceased Aug. 29, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 14 hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business _____

MOTHER FATHER
12. Name Joseph M. Utter
13. Birthplace Thorntown, Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mollie Painter
15. Birthplace Indiana, close to Thorntown (City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar Blvd

17. (a) Removal (b) Date thereof 12-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Alexander T. King
(b) Address 6175 Delmar Blvd

19. (a) DEC 14 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from December 11, 1945 to December 13, 1945; that I last saw Him alive on December 13, 1945; and that death occurred on the date and hour stated above.

Duration _____
Immediate cause of death _____

Cerebral Hemorrhage 4 days

Due to Hypertension 1 yr.

Due to _____

Other conditions _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature John Barringer (M. D. or other) 12/14/45
Address 548 1/2 Grand Blvd

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.....

Thomas R. Benwick

Licensed Embalmer No. 3793

P. O. Address..... *St. Louis, Mo.*

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, fact should be so stated above.