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P. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11746

State File No. _____
Registrar's No. **2447**

Registration District No. **318** Primary Registration District No. _____

1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1915a East Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

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. **1915a East Grand**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME **Nona Utnage**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Utnage** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 9, 1874**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **12** year **1946** hour **3.00 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **March 12**, 19 **46** **March 12**, 19 **46** that I last saw him alive on **March 12**, 19 _____; and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiomyopathy of the heart**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
71 **10** **3** _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation **Nil**
11. Industry or business _____
12. Name **? Utnage**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name **Martha Taylor**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant **Wm. L. Utnage**
(b) Address **4221a Blaine**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/14/46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Lake Charles**
18. (a) Signature of funeral director **Edith E. Ambruster**
(b) Address **4234 Manchester**
19. (a) **MAR 13 1946** (Date received local registrar) **J. F. Brederick** (Registrar's signature)

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 **Quincy News** (M. D. or D. O. P.)
Address **1918 East Grand** Date signed **3-12-46**

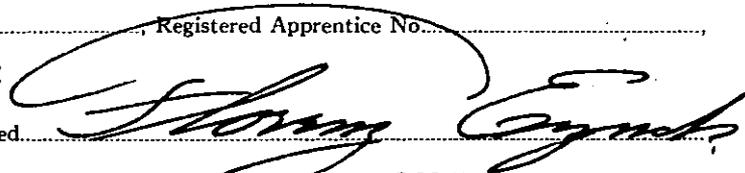
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 1284.....

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.