

S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1946
STANDARD CERTIFICATE OF DEATH

18989
State File No. _____
Registrar's No. **4053**

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:
4505^a Athlone Av. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 60 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4505^a ATHLONE AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN UTHOFF
3. (b) If veteran, name war _____ =
3. (c) Social Security No. _____ =

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LOUISE TENME
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased NOV. 19 1853
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 13
If less than one day hr. _____ min. _____

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

10. Usual occupation NIL

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Emma Uthoff

(b) Address 4505^a Athlone Av.

17. (a) Burial (b) Date thereof MAY 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Richard W. Bremer
(b) Address 1926 St. Louis

19. (a) MAY 4 1946 (b) J. F. Bremer
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2ND
year 1946 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 14th
1946, to May 14th 1946
that I last saw him alive on May 3rd 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Myocarditis
Duration 4 Mon.

Due to Severe Arterial Sclerosis
Chron. Endocarditis Duration 4 Mon.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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 0

23. Signature Richard W. Bremer (M. D. or other) _____
Address 4244 N. Florissant Ave Date signed May 21 1946

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

MOTHER FATHER

17807

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..... *Delix J. Kispin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.