

No. 2
-5-43
5-17-39
I X36671

FILED MAR 31 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2899**

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:
Alexian Brothers Hospital
(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 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1317

(d) Street No. 2629a S. Kingshighway
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Alfred Utgard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1947 hour 9 minute 40 P.M.

4. Sex male **5. Color or race** white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marge Utgard

6. (c) Age of husband or wife if 42 years
alive

7. Birth date of deceased 7 7 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/27 to 3/18
1947 to 1947

that I last saw him alive on 3/17
and that death occurred on the date and hour stated above. 1947

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death General metastasis from carcinoma of ascending colon

Due to carcinoma of ascending colon

Due to _____

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

Duration

MOTHER FATHER

11. Industry or business _____

12. Name Brady Utgard

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

14. Maiden name Catherine Christensen

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

Major findings: metastases carcinoma of ascending colon

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marge Utgard

(b) Address 2629a S. Kingshighway
removal

17. (a) _____ **(b) Date thereof** 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Richmond, Wis.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 18 1947 **(b)** J. F. Breuck
(Date received local registrar) (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? _____

23. Signature J. F. Breuck (M. D. or other) 1947

Address 2629 S. Kingshighway **Date signed** 3/18/47

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

Dr. L. A. Milliken
2608 S. Kingshighway

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4231*

P. O. Address. *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.