

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 39386
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9606

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>O. Calver</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 310 Dover Place	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Uthoff			4. DATE OF DEATH (Month) (Day) (Year) November 7, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 31, 1857
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Oakville, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Real Estate Dealer	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Uthoff		13b. MOTHER'S MAIDEN NAME Hellen Madden	14. NAME OF HUSBAND OR WIFE Augusta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Uthoff 310 Dover St. Louis, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemian of jejunum into lesser peritoneal cavity 7 days DUE TO (c) Typhoid fever 4 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion; atelectasis 4 days	
19a. DATE OF OPERATION 11-1-49		19b. MAJOR FINDINGS OF OPERATION Cocostomy - distended caecum	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 124			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 58/0			
22. I hereby certify that I attended the deceased from Oct 29, 1949 , to Nov. 7, 1949 , that I last saw the deceased alive on Nov. 6, 1949 , and that death occurred at 12:55 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Burchard Wuest (Degree or title) M.D.		23b. ADDRESS 6006 Virginia Ave.	
23c. DATE SIGNED Nov. 7, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1949	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7901 Gravois ave.	
DATE REC'D BY LOCAL REG. NOV 7 1949		REGISTRAR'S SIGNATURE J. B. Frazier	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed, *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.