

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3100
Registrar's No. 912

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3100		Registrar's No. 912							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159									
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp.				d. STREET ADDRESS (If rural, give location) 15 4661a Tennessee											
3. NAME OF DECEASED (Type or Print) Theresa			a. (First)			b. (Middle)			c. (Last) Utry			4. DATE OF DEATH (Month) (Day) (Year) 1/26/51			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Dec. 28, 1884		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 1 WEEK Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Apatine Hungary 8				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John Hauck				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Adam							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Utry--4532 Oregon									
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis Hypertensive Heart Disease								INTERVAL BETWEEN ONSET AND DEATH 6 weeks			
19a. DATE OF OPERATION Jan 19, 1951		19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 15HX						21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Juppel Plump M.D.				23b. ADDRESS 23933 S Grand				23c. DATE SIGNED Jan 29 1951							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri									
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 2 1951 J B Punter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldlerle 3634 Gravois.											

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

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.