

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3516

FILED FEB 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6447 San Bonita.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Amos</b>	b. (Middle) <b>Miley</b>	c. (Last) <b>Utt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 3 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>5/25/86</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Sgt.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clayton Police</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Amos C. Utt</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Miley</b>	14. NAME OF HUSBAND OR WIFE <b>Marge Capell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>488-10-7644</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Cullinane</b> ADDRESS <b>6447 San Bonita</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of rectum</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post operative shock</b> DUE TO (c) <b>Renal failure</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>advanced carcinoma of rectum</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/27, 1951, to 1/3, 1952, that I last saw the deceased alive on 1/3, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

22a. SIGNATURE <b>James M. Manton M.D.</b> (Degree or title)	23b. ADDRESS <b>University Club Bldg</b>	23c. DATE SIGNED <b>1/4/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/7/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-5-52</b>	REGISTRAR'S SIGNATURE <b>Hubert G. Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert J. Ambruster, Inc.</b> ADDRESS <b>6633 Clayton</b>
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**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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

**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.