No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

State File No. 41299

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10333

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 7y,9m,9d.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY
c. CITY OR TOWN St. Louis, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5800 Arsenal St.

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13

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle) E.
c. (Last) Utt.

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1953.

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH 1870

9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carlos Hemingway

13b. MOTHER'S MAIDEN NAME Amee Wait

14. NAME OF ~~HUSBAND~~ OR ~~WIFE~~ Unknown

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.

17. INFORMANT'S SIGNATURE OR NAME City Infirmary **ADDRESS** 5800 Arsenal

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic
DUE TO (c) heart disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* Jan. 19, *1946*, *to* Oct. 28, *1953*, *that I last saw the deceased alive on* Jan. 28, *1953*, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Palmer Duncan Bowdich M.D.
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov 1-53
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Oak Grove
24d. LOCATION (City, town, or county) St Louis City (State) Mo

DATE REC'D BY LOCAL REG. OCT 31 1953
REGISTRAR'S SIGNATURE H. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE E.J.Schnur **ADDRESS** 3125 Lafayette Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2101

P. O. Address 3125 La Jaya

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.