

Reg. 5000 SL-454

State File No. ....

FILED JUN 27 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5236**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>198 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		STREET ADDRESS (If rural, give location) <b>4428 N. 20th Street</b>	
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-15-55</b>	
a. (First)		b. (Middle) <b>E.</b>	
c. (Last) <b>UTLEY</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-14-21</b>
9. AGE (in years last birthday) <b>34</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Photographer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Utley</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Vaughn</b>	
14. NAME OF HUSBAND OR WIFE <b>Betty Utley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW-2</b>		16. SOCIAL SECURITY NO. <b>#98079668</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records</b>		ADDRESS <b>915 N. Grand, St. Louis, Mo.</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recurrent cylindroma of left paratid with generalized metastasis</b>		<b>Unknown</b>	
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.		- - - -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>210X</b>			
22. I hereby certify that I attended the deceased from <b>11-29-54</b> , 19___, to <b>6-15-55</b> , 19___, and that death occurred at <b>2:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph T. Kaminskas</b>		23b. ADDRESS <b>M.D. VAH 915 N. Grand, St. Louis, Mo.</b>	
23c. DATE SIGNED <b>6-16-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-17-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>National (Jeff. Brks. Mo.)</b>	
DATE REC'D BY LOCAL REG. <b>JUN 17 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Halley P. Geller*  
Licensed Embalmer No. *495*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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