

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36916

STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 278 Primary Registration District No. 5956 Registrar's No. 115

|   |  |   |   |   |   |  |   |  |
|---|--|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>                     |   |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Clarksville (CALUMET)</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | c. CITY<br>OR<br>TOWN <u>Mehlville</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mississippi river</u>  |  |   |   | Length of stay in lb<br>-----   |   | d. STREET (If outside, give location) ADDRESS <u>Rt 11 Box 799</u>                   |   |  |
| 3. NAME OF DECEASED (Type or print)<br><u>Edwin J. Uthoff Sr.</u>   |  |   |   | 4. DATE OF DEATH<br><u>Sept 28 1957</u>   |   |  |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Aug. 25 1920</u>  |   |  |
| 9. AGE (In years last birthday)<br><u>37</u>  |  | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>3</u>  |   | IF UNDER 24 HRS.<br>Hours <u>3</u> Min.   |   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Brewer</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Anheuser-Busch</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>US</u>     |  |
| 13. FATHER'S NAME<br><u>Edwin J. Uthoff</u>   |  |   |   | 14. MOTHER'S MAIDEN NAME<br><u>Jean Auld</u>  |   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>491 18 3774</u>   |   | 17. INFORMANT<br><u>Bette Uthoff, Mehlville, Mo.</u>  |   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Drowning</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>850X</u> |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>42</u> |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Boat Capized Subject fell in river and drowned</u> |   |   |  |   |  |
| 20c. TIME OF INJURY.<br>Hour <u>10</u> a. m.<br>Month, Day, Year <u>Sept 28-57</u>  |  |   |   |   |   |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Mississippi river</u>   |   | 20f. CITY, TOWN, OR LOCATION<br><u>Clarksville</u>  |   | 20g. COUNTY<br><u>Pike</u>   |   |  |
| 20f. STATE<br><u>Mo</u>   |  | 21. I attended the deceased from _____ to _____ and last saw him alive on <u>Oct 2-57</u><br>Death occurred at <u>10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |   |  |   |  |
| 22a. SIGNATURE<br><u>J. O. Mudd Coroner</u>   |  |   |   | 22b. ADDRESS<br><u>Baseling House Mo.</u>   |   | 22c. DATE SIGNED<br><u>Oct 2-57</u>  |   |  |
| 23a. BURIAL (CREMATION, REMOVAL, etc.)<br><u>Burial</u>   |  | 23b. DATE<br><u>Oct. 4, 57</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus</u>   |   | 23d. LOCATION (City, town, or county)<br><u>Aftton, Mo.</u>         |  |   |  |
| 24. FUNERAL DIRECTOR<br><u>Hoffmeister Mortuary</u>   |  | ADDRESS<br><u>St. Louis,</u>  |   | DATE RECD. BY LOCAL REG.<br><u>Oct 3, 1957</u>  |   | 25. REGISTRAR'S SIGNATURE<br><u>Bernice Callier</u>                                  |   |  |

Health, Welfare, Public Service  
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
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OCT 17 1957

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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 .....  
Signature of Student Embalmer

Signed *James C. Mull*

Licensed Embalmer No. *415*  
P. O. Address *Baughling Hall*

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.