

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016567

STATE FILE NUMBER

4914

FILED MAY 14 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

300
1-57 0

| | | | | | |
|---|---------------------------|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1030 A Papin Str. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last William Utter | | | 4. DATE OF DEATH Month Day Year May 6 1958 | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 31 1875 | 9. AGE (In years last birthday) 82 | 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) Iron Worker | | 10b. KIND OF BUSINESS OR INDUSTRY Iron | 11. BIRTHPLACE (City and state or country) Fulton Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? U S |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE None | |
| 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 Address Marie Morgan 1908 W 50th Ofallon Ill | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration Pneumonia</u> <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Benign Prostatic Hyperplasia</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input 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.) 610X | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>May 2, 1958</u> to <u>May 6, 1958</u> and last saw her alive on <u>May 6, 1958</u> Death occurred at <u>11:10 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Egan B. Utter</u> (Degree or title) <u>MP 0</u> | | | 22b. ADDRESS <u>1515 Lafayette</u> | | 22c. DATE SIGNED <u>5/6/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5/9/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St Matthews Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Moydell Funeral Home 1926 Allen</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>MAY 8 '58</u> | 26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> S.P. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Student
Signature of Student Embalmer

Signed

George J. Svoboda

Licensed Embalmer No. 4899

P. O. Address 1926 Allen

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.