

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

46631  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785  
(b) Township Bonhomme Primary Registration District No. 6031  
(c) City Creve Coeur (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 42 yrs. mos. ds.

Registered No. 167

2. PRINT FULL NAME Catherine Uelk

(a) Residence, No. Creve Coeur Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Uelk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Own home  
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Deppenbusch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Grosegese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Catherine Mahan (ADDRESS) Creve Coeur Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Monicas Cemetery DATE Dec 4, 1937

19. FUNERAL DIRECTOR Ortmann Funeral Home (ADDRESS) 9222 Lackland Overland Mo

20. FILED 12-3-, 1937 Agnes Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1937, to 12/1, 1937

I last saw her alive on 11/30, 1937 Death is said to have occurred on the date stated above, at 930 am  
The principal cause of death and related causes of importance were as follows:

Biliary cirrhosis of liver Date of onset 11/20/37  
Senility ??

Other contributory causes of importance:

Name of operation none Date of 6  
What test confirmed diagnosis? Physicist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 6, 1937  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) B. G. Haussman, M. D.  
(Address) Creve Coeur Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Al C. Ortmann, Licensed Embalmer No. 3478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Al C. Ortmann

Licensed Embalmer No. 3478

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