

Every item of information should be carefully supplied. AGE should 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.

REC'D JUL 12 1938

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

19878
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **5017**
 (c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **55** yrs. **6** mos. **11** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

August Uhlemeyer **456**
 (a) Residence, No. **2124 John St.** St. **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-28-38** 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida Uhlemeyer**

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37** 19, to **5-28-38** 19.....
 I last saw him alive on **5-28-38** 19..... Death is said to have occurred on the date stated above, at **7:05 P.M.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 18, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 **6** **10**

Luetic Heart Disease 7-1-37x Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Painter**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Painter**
 10. Date deceased last worked at this occupation (month and year) **About Jan 1931** 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
Paresis 7-1-37x
Pulmonary Tuberculosis 5-27-38x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri.**

FATHER 13. NAME **Henry Uhlemeyer**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Mary Moeller**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**

17. INFORMANT (ADDRESS) **A.A. Cook, M.D. 5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **June 1, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **JUN 1 1938** **J.F. Beckwith** (Local Registrar)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) **Arnold A. Cook**, M. D.
 (Address) **5400 Arsenal St.**

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

Registered Apprentice No....., working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St Louis Mo*

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 this body is not embalmed, above space should be left blank.