

REC'D NOV 16 1938

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

34147

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1008

Registered No. 91333

(d) Street No. Alexian Bros Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William H. Uhter
(a) Residence, No. 2013 Congress St. 23
(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 Male 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 Bea O'Neil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
63 0 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis IllFATHER 13. NAME Charles Uhter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glencoe MoMOTHER 15. MAIDEN NAME Mollie Younghouse16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill17. INFORMANT (ADDRESS) Chas. Burke East St. Louis, Ill18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis Ill, Oct. 21, 193819. FUNERAL DIRECTOR (ADDRESS) Chas. Burke East St. Louis, Ill20. OCT 20 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938, to Oct 19, 1938.
I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lympho. Sarcoma
Distal Peritoneal glands
Sarcosinosis, Liver
Gleets. L. Kidney & Colon

Date of onset 1931

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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 Chas. Burke M. D.
(Signed) Chas. Burke
(Address) Alexian Bros

Mr. E. O. Burdick
No. 7534
Law, 4717 Ave.
Union, Pa.

1901

STATEMENT BY LICENSED EMBALMER

I, Chas. M. Burke Licensed Embalmer No. 2421

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Chas. M. Burke

L. E.

No. 2421 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Chas. M. Burke

Licensed Embalmer No. 2421

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.)