

DEPT JAN 11 1938

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

40930
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1003
(b) Township St. Louis Mo Primary Registration District No. 1062
(c) City St. Louis Mo (d) Street No. 4757 Greer Ave Registered No. 1062
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 6
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4757 Greer Ave St. 6 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-13-1862</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>River Watchman</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>Herman Uhl</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY 6</u>		
15. MAIDEN NAME <u>Marie Uhl</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>		
17. INFORMANT (ADDRESS) <u>Mrs Ed Schaffer 4757 Greer Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>12/10/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Sullivan Und Co 2845 N. Euclid</u>		
20. FILED <u>DEC 9 1938</u> <u>J. B. Bredek</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937, to Dec 8 1938

I last saw him alive on Dec 8 1938. Death is said to have occurred on the date stated above, at 1309.

The principal cause of death and related causes of importance were as follows:
Deabetes Sanguine

Other contributory causes of importance: Hereditary

Name of operation _____ Date of _____

What test confirmed diagnosis? Lat. 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? no.
If so, specify _____ (Signed) Arthur S. Sweeney, M. D.
(Address) 2202 University Street

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

Dr. Ronald Leach
2208 University
De 3995

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)