

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

8983  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. ....  
(c) City: Yerman Desloge Hospital (d) Street No. Thermin Desloge Hospital St. 2748  
(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. da.

2. PRINT FULL NAME

(a) Residence, No. 1821 Lemni Street 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . hrs. or . . . min.  
6 6 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
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) St. Louis, Mo (STATE OR COUNTRY) Thermin Desloge Hospital

FATHER 13. NAME Francis Joseph Uppenkamp

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ann Makejka

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

17. INFORMANT Mother - Mary Ann Uppenkamp (ADDRESS) 1821 Lemni St, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE March 25, 1939

19. FUNERAL DIRECTOR (NAME) Wm C. Moydell (ADDRESS) 1926 Allen Ave

20. FILER J. D. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from birth 6:35 AM 3-16-1939 to March 22, 1939  
I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 8:59 a.m.

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

Congenital Heart Disease Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy 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 .....  
(Signed) Erosie T. Huber, M. D.  
(Address) 1325 South Grand Ave  
St. Louis, Mo.

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.

50M-9-1938 I X16805

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**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 Benj. C. Duncan  
Licensed Embalmer No. 2272  
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 this body is not embalmed, above space should be left blank.**