

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

13379  
 Do not use this space.

1939 MAY 10

791  
 1003

Registered No. 3721

1. PLACE OF DEATH

(a) County..... / Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 or St. Louis (d) Street No. St. John's Hospital St.  
 City..... (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Uebel

(a) Residence, No. 5423 Itaska Ave. St. 14  
 (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	70	4	2	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired 7 Yrs.  
 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 (STATE OR COUNTRY) Mo. 0

MOTHER FATHER 13. NAME Francis Uebel  
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) G.  
 15. MAIDEN NAME Catherine Wachtel G.  
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Edward J. Uebel (ADDRESS) 5423 Itaska Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 4-24 1939  
 19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway  
 20. FILED J. D. Budick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jun 5 1939 to April 21 1939 last saw him alive on 4/21/39 Death is said to have occurred on the date stated above, at 8:05 A.M.  
 The principal cause of death and related causes of importance were as follows:  
 Septicemia from Pleric nephritic abscess caused by an old exacerbation chronic  
 137  
 Other contributory causes of importance: Hypertrophied prostate, acute pyelitis, non tubercular, non gonorrheic, non calculous  
 Name of operation None Date of  
 What test confirmed diagnosis? Urinalysis 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? No  
 If so, specify Louis A. Kuntz, M. D. (Address) 2622 29th St.

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.

APR 21 1939

26257A N 9th  
5352A Duane Ave  
S-2

**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: *E. W. ...*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**