

36009

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 23 1942 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town. St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2922a N. 22nd. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri. (b) County 17  
(c) City or town. St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2922a N. 22nd. St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Uetrecht  
3. (b) If veteran, name war No.  
3. (c) Social Security No. None.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 16  
year 1942 hour 5:45 P.M. minute  M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louis Uetrecht 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased February 16 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1942, to Nov 16, 1942  
that I last saw he alive on Nov 14, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
75 9 10 hr. min.

Immediate cause of death Pulm. Tuberculois  
Due to.....  
Due to.....

9. Birthplace. St. Louis, Missouri. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Chr. Myocardite  
Major findings:  
Of operations  
Of autopsy

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER { 12. Name William Neumann  
13. Birthplace Germany. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown.  
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Uetrecht  
(b) Address 2021 Agnes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Johns Cem.

(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? (e) Means of injury

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) NOV 17 1942 (Date received local registrar) (b) J. F. Briedeck (Registrar's signature)

23. Signature Alphonse A. Wiley (M.D. or other)  
Address 3901 W. Flourant Date signed 11/17/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Will.  
3901 a w. Florent  
Bo 4767  
Mw 0036

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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 John F. Buehler  
Licensed Embalmer No. 1674  
P. O. Address 2234 St Louis St

**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, fact should be so stated above.**