

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4877

FILED FEB 16 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1160

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether In this community Approx. 5 yrs years, months or days) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4949 Forest Park
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MASANOBU UESATO

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race Japanese 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 13, 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>7</u>	<u>17</u>	<u>hr. min.</u>

9. Birthplace Olaa Hawaii
(City, town, or county) (State or foreign country)

10. Usual occupation Dental student

11. Industry or business

MOTHER FATHER {

12. Name Ushi Uesato

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Brenkichi Uesato

(b) Address Honolulu Hawaii

17. (a) Cremation (b) Date thereof 2/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
4700 Washington Blvd.

(b) Address FEB 5 1943 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 28, 1943, to January 31, 1943, that I last saw him alive on January 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death, Hemorrhage and shock of bleeding peptic ulcer (or perforated vesophagal varices) Duration 4.5 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations

Of autopsy Cirrhosis of liver, dilated veins of esophagus + cardia of stomach, no ulcer

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(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

23. Signature J. F. Brudeck (M. D. 0)
Address BARNES HOSPITAL Date signed 2/1/43

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

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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..... *W. Wilkins*.....

Licensed Embalmer No..... *3575*.....

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, fact should be so stated above.