

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22517
Registrar's No. 1366

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FILED JUN 19 1943
Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Olivette, Missouri *H. L. Loring Co.*

(b) City or town 1

(c) Name of hospital or institution:
#2 Pricemount Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Olivette

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. #2 Pricemount Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Uhl

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (g) Single, widowed, married, divorced widow

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

7. Birth date of deceased: November 19th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 6 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Gorman

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

14. Maiden name: (Unknown)

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

16. (a) Informant Mrs. Evelyn Hesse

(b) Address 5029 Maffitt Ave.

17. (a) Burial _____ (b) Date thereof 6-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Cem.

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) JUN 19 1943 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day eight
year 1943 hour 9:00 minute 4 M.

21. I hereby certify that I attended the deceased from November 1942 to June 8, 1943
that I last saw her alive on June 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure - Cerebric + chronic passive congestion
Due to Cardio-vascular - renal disease

Duration 6 M.O.
4 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: 13/6

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)

23. Signature Arthur W. Nelson MD (M. D. or other) 3

Address 306 Humboldt Bldg Date signed 6/8/43

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

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

Albert Mayfield

Licensed Embalmer No. *3077*

P. O. Address *St Louis, Mo.*

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.