

FILED DEC 29 1943 318

Registration District No.

Primary Registration District No.

1000

11327

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1511 E. Grand Ave
(d) Length of stay: In hospital or institution None
In this community years, months or days

3. (a) PRINT FULL NAME Caroline Uhlemeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widow 2 divorced Widow

6. (b) Name of husband or wife Dr. Henry A Uhlemeyer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 4, 1857 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 13 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Christian Peters

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

14. Maiden name Louisa Heckman

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

16. (a) Informant Dr. Henry A. Uhlemeyer

(b) Address 1511 E. Grand Blvd

17. (a) Burial (b) Date thereof 12/20/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 18 1943 (Date received from registrar) J. Z. Bradish (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1511 E. Grand Ave
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1943 hour 4:30 AM

21. I hereby certify that I attended the deceased from 12-1-1943 to Dec 17 - 1943

that I last saw him alive on Dec 17 - 1943 and that death occurred on the date and hour stated above

Immediate cause of death Bronchitis, (Pneumonia) Shuntzky

Due to Age

Due to

Other conditions 112 (Include pregnancy within 3 months of death)

Major findings: Of operations 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Paul H. Chapman (M. D. or other) M.D. Address 3518 Dodie Date signed 12-17-43

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

MOTHER FATHER

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 William G. Buchholz
Licensed Embalmer No. 2110
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.