

#34451

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32910
State File No.

FILED OCT 20 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8559

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 5 days
45 years in St. Louis 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... John Uhlinger

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

0	5. Color or race..... <u>White</u>	6. (a) Single, widowed, married, divorced..... <u>Married</u>
4. Sex..... <u>Male</u>	6. (b) Name of husband or wife..... <u>Nan UHLINGER</u>	6. (c) Age of husband or wife if alive..... <u>73</u> years
7. Birth date of deceased..... <u>March 22 1866</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years..... <u>78</u>	Months..... <u>6</u>	Days..... <u>14</u>	If less than one day hr..... min.....
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9. Birthplace..... Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name..... John Uhlinger

{ 13. Birthplace..... SWITZERLAND E
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Unknown

{ 15. Birthplace..... Switzerland E
(City, town, or county) (State or foreign country)

16. (a) Informant..... Nan Uhlinger

(b) Address..... 2806 A Arsenal St.

17. (a) Burial (b) Date thereof..... OCT. 9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SUNSET BURIAL PARK

18. (a) Signature of funeral director..... Thoraldus J. J...
 (b) Address..... 2906 Gravois Ave.

19. (a) OCT 9 1944 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis 24
(If outside city or town limits, write "RURAL")
 (d) Street No..... 2806 A Arsenal St
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 6th
 year..... 1944 hour..... 11:15 minute..... A. M.

21. I hereby certify that I attended the deceased from..... 10/1/44
 to..... Oct. 6th 1944
 that I last saw him alive on..... Oct. 6th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage Duration

Due to..... Hypertensive Cardi - Vascular Disease

Due to.....

Other conditions..... H/O
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Intra ventricular hemorrhage
Cerebral artery - sigmoid

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)
 (e) Means of injury.....

23. Signature..... J. W. Gehring (M. D. or Public Health Officer)
 Address..... 1545 Lafayette Date signed..... 10/6/44

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 *David Paul Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Harris av*.....

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.