

FILED OCT 11 1947 318

Primary Registration District No. 1003

Registrar's No. 9178

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4613a Bulwer Ave
(d) Length of stay: In hospital or institution 2 years 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6-12-9
(c) City or town St. Louis
(d) Street No. 4613a Bulwer Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Henry H. Uplinger
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2
year 1947 hour 1 minute 20 A.M.

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alma Uplinger 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased December 1, 1866

21. I hereby certify that I attended the deceased from Sept 17 to Oct 2 1947
that I last saw him alive on Oct 1 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 10 Days 1 If less than one day hr. min.

Immediate cause of death Carcinoma of Lungs
Duration

9. Birthplace Unknown Pennsylvania
10. Usual occupation Retired Carpenter

Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

11. Industry or business Carpenter
12. Name John Uplinger
13. Birthplace Unknown Unknown 9

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

14. Maiden name Unknown
15. Birthplace Unknown Unknown 9

16. (a) Informant Archie Uplinger
(b) Address 4613a Bulwer Ave.
17. (a) Burial (b) Date thereof 10/4/47

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 Street

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?

19. (a) OCT 3 - 1947 (b) J. F. Bredeck (c) Registrar's signature

While at work? (e) Means of injury
23. Signature Bruce A. Mearns (M. D. or other)
Address 4072 N. Bloomer Date signed 10/2/47

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

40387M. 216111111
90.2820
10-12

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed P. A. Smithers
Licensed Embalmer No. 3916
P. O. Address 3934 N. 70 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.