S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33102

Registrar's No. 9008

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4453 West Pine Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4453 West Pine Blvd. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sue G. Uriwal

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alfonso Uriwal

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 8, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	10	18	hr. min.

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

10. Usual occupation ~~At Home~~ Secretary

11. Industry or business

FATHER 12. Name Patrick Cunningham

13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary Laughlin

15. Birthplace St. Louis 0 (City, town, or county) (State or foreign country)

16. (a) Informant William R. ~~Uriwal~~ Cunningham

(b) Address 667 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) SEP 27 1947 (Date received local registrar) (b) G. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th. year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Shock

Due to Massive Hemorrhage from Laceration of Gastroepiploic

Due to Admitted to her home 4453 West Pine Blvd on Sept 26 1947 at about 7:15 a.m. Found in the surgeon's office

Due to

Other conditions (Include pregnancy within 3 months of death) Varicose ulcers

Major findings: Of operation 1/23/47

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence Sept 26 1947

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work?

(e) Means of injury Gas Stove

23. Signature Alfred Pierce (M. D. or other)

Address Lynch Coroner Date signed 9/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H Van Meatre.....

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 9008

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Sue G. Uriwel died 9-26-1947, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6 should read Divorced
Instead of Married

Item No. 6 b should read Alfons Uriwal
Instead of William R. Uriwal

Item No. 6c should read age 50
Instead of 46.

Item No. 10 should read Secretary
Instead of At Home

Item No. 16a should read William R. Cunningham
Instead of William R. Uriwel

Item No. 16b should read 6677 Washington
Instead of 4453 West Pine

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur J. Donnelly Undt Co.
Arthur J. Donnelly ~~Undertaker~~
3840 Lindell Blvd.
Present Address.

Subscribed and sworn to before me this 3rd day of oct, 194 7.

My Commission expires November 11th 1950 John E Corrigan Notary Public.

Form V. S. 135
50M—4-43
I X36667

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