

FILED DEC 31 1947 318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

20
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Hermann Henry Ueberferth

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Agnes Lukfabr
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: Dec. 8, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Berry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER {
12. Name Bernard Ueberferth
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Ueberferth
(b) Address Berryville, Mo.

17. (a) Burial
(Burial, cremation or removal) (b) Date thereof 12-15-1947
(Month) (Day) (Year)
(c) Place: burial or cremation St. Hope Cemetery

18. (a) Signature of funeral director Bey Funeral Home
(b) Address Berryville, Mo.

19. (a) DEC 28 1947
(Date received local registry) (b) J. F. Bredbeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79
(c) City or town Berryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1029 W. St. Joseph St.
(If rural, give location)
(e) Citizen of foreign country? No. (If Yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1947 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from Dec 9 to Dec 12 1947
that I last saw him alive on Dec 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
myocardial infarct
Left Ventricular dilatation
Due to Arterio Sclerosis
Other conditions: (Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy

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?

23. Signature J. F. Bredbeck (M. D. or other)
Address 607 W. Grand Date signed 1/18

FEB 18 1948

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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.....

Sam M. Sizemore

Licensed Embalmer No. *4343*

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.