

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32275

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7974

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 6711	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital 15		c. LENGTH OF STAY (In this place) 16 yrs. d. STREET ADDRESS (If rural, give location) 18 4177 McRee 9 15	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Martin	c. (Last) Uljee	4. DATE OF DEATH (Month) (Day) (Year) September 12, 1949
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5. SEX Male 10	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH January 3, 1886	9. AGE (In years last birthday) 63	F UNDER 1 YEAR Months	F UNDER 1 HRS. Days	F UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Engineer	10b. KIND OF BUSINESS OR INDUSTRY Coach Lines	11. BIRTHPLACE (State or foreign country) Leiden, Holland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Unknown Uljee	13b. MOTHER'S MAIDEN NAME Marie Van Hensbergen	14. NAME OF HUSBAND OR WIFE Mrs. Ida E. Uljee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 293-07-7878	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Uljee, 4177 McRee Avenue	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		Uncertain
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic CVR dis. DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1310
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 447 X
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22. I hereby certify that I attended the deceased from Sept. 7, 1949, to Sept. 12, 1949, that I last saw the deceased alive on Sept. 11, 1949, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE H.E. Oppenheimer, M.D. 11	(Degree or title)	23b. ADDRESS 508 N. Grand, St. Louis Mo.	23c. DATE SIGNED 9/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
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DATE REC'D BY LOCAL REG. SEP 14 1949	REGISTRAR'S SIGNATURE J.B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. Inc., 1936 St. Louis	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. B. Oppenhe
Metrop. Bldg.
11-12 12³⁰-13

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 6114

P. O. Address 1936 St. Louis Ave

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.