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 Reg. 112,729
 FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37936**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2685

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.	c. LENGTH OF STAY (In this place) 66 Days	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. STREET ADDRESS (If rural, give location) 2805 CHIPPEWA	2249

3. NAME OF DECEASED (Type or Print) KENNETH	a. (First)	b. (Middle) W.	c. (Last) UHL	4. DATE OF DEATH 10/15/53	(Month) (Day) (Year)
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12/28/21	9. AGE (In years last birthday) 31 YRS.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER BUSCH BREWERY	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES UHL	13b. MOTHER'S MAIDEN NAME SUSAN SCHILLER	14. NAME OF HUSBAND OR WIFE (NONE)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES WORLD II	16. SOCIAL SECURITY NO. 496-18-7008	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS
		ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY INFARCTIONS, MULTIPLE, BILATERAL 1 to 2 1/2 HRS		INTERVAL BETWEEN ONSET AND DEATH 1 to 2 1/2 HRS
	ANTECEDENT CAUSES DUE TO (b) SUBACUTE BACTERIAL ENDOCARDITIS		UNK
	DUE TO (c) RHEUMATIC FEVER, ANCIENT		UNK
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4011

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10/1953, to 10/15/1953, that ~~the deceased died~~ and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.R. Allen R.A. ALLEN	23b. ADDRESS M.D. V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10/19/53	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 10/18/53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	ADDRESS
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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
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loren E. Perce.....

Licensed Embalmer No... 40

2842 Meran
P. O. Address St. Louis;

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.