

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17319
4297

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. 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 St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3938a W. Florissant Av.,		e. STREET ADDRESS (If rural, give location) 3938 W. Florissant Av., 20990		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle) UHLMANSIEK	c. (Last)	
4. DATE OF DEATH May 11th, 1954		5. SEX Female / 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20th, 1879		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Nicholas Smeige		
13b. MOTHER'S MAIDEN NAME Lena Bopp		14. NAME OF HUSBAND OR WIFE Henry Uhlmansiek		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hy. Uhlmansiek 3938a W. Florissant Av.,
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma, Chronic arthritis		INTERVAL BETWEEN ONSET AND DEATH 5
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operations		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222
22. I hereby certify that I attended the deceased from May 11, 1953, to May 11, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 9:30 P. M., from the causes and on the date stated above.				
23a. SIGNATURE H.F. Miller		23b. ADDRESS M.D. 8410 N. Broadway		23c. DATE SIGNED 5-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14/1954		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Mo.,		24e. (State)		
DATE REC'D BY LOCAL MAY 13 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leidner Und. Co., 2223 St. Louis Ave.,

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

441c (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Demmes*.....
Licensed Embalmer No. *419*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.