

STANDARD CERTIFICATE OF DEATH

State File No. **6578**  
Registrar's No. **1097**

FILED MAR 4 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>WEBSTER GROVES</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>507 ASHBURY CT.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>-</b> c. (Last) <b>UHLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 4 1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC 25, 1895</b>
9. AGE (In years last birthday) <b>59</b>		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) <b>JEWELRY BROKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JEWELRY</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>NEW YORK N. Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>GERSHON UHLER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>BEATRICE LOWE UHLER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>496-36-6969</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ms Beatrice L Uhler</b>	
17. ADDRESS <b>507 Ashbury Ct.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarct, anterior, fresh.</u></b> <b>INTERVAL BETWEEN ONSET AND DEATH <u>4 day.</u></b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) <u>Arterio sclerosis of coronary artery</u></b> <b>DUE TO (c)</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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)		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 <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>Feb 1, 1955</b> , to <b>Feb 4, 1955</b> , that I last saw the deceased alive on <b>Feb 4, 1955</b> , and that death occurred at <b>9:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert Neussbaum M.D.</b>		23b. ADDRESS <b>3701 Grandel St.</b>	
23c. DATE SIGNED <b>2/5/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>FEB. 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MATTELBERG FUNERAL HOME, Inc</b>	
DATE REC'D BY LOCAL REG. <b>FEB 7 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	

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

**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, on ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

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.