FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31607

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7599

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4 1321 Ripple 2049 10

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): URAM

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 29 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 20th 1904
9. AGE (In years last birthday): 50 — If under 1 year: Months 11, Days 9, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Sawyerville Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Best
13b. MOTHER'S MAIDEN NAME: Lillian Johns
14. NAME OF HUSBAND OR WIFE: John Uram
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Uram — ADDRESS: Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral Hydronephrosis
Wide Spread
DUE TO (c) Carcinoma of Cervix

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: 171 X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30-55, 19____, *to* 8-29-55, 19____, *that I last saw the deceased alive on* 8-29-55, 19____, *and that death occurred at* 5:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Miles A. Milly (Degree or title) M.D.
23b. ADDRESS: 1515 LAFAYETTE AVENUE
23c. DATE SIGNED: 8-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-1-55
24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: AUG 30 1955
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jay B. Smith, Maplewood, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. C. Burgess

Licensed Embalmer No. 407

P. O. Address Maplewo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.