

FILED SEP 6 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7038**

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		Length of stay in 1b <b>2 1/2</b> STREET ADDRESS <b>1211 Clinton</b>	
3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>Uhlmansiek</b> Last <b>Uhlmansiek</b>		4. DATE OF DEATH Month <b>7-28</b> Day <b>56</b> Year	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 27, 1879</b>
9. AGE (In years last birthday) <b>76</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Box Factory</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Box Nailer</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>	
13. FATHER'S NAME <b>Charles Uhlmansiek</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>N ne</b>	
17. INFORMANT <b>Bill Uhlmansiek</b>		Address <b>5801 Thekla Ave.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of right hip;</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - <b>E904.0</b>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>suffered in fall at home on</b>	
20c. TIME OF INJURY Hour <b>?</b> Month <b>7</b> Day <b>17</b> Year <b>1956</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>factory</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M. Kelly</b> (Type or print)		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>7.30.56</b>			
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>		23b. DATE <b>8-1-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. John Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	
24. FUNERAL DIRECTOR <b>Jos. W. Clark F. H. Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 30 1956</b>	
ADDRESS <b>1125 Hodiamont</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, MD</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Padua*.....

Licensed Embalmer No. *40*.....

P. O. Address *Ed. L.*.....

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.