

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011206
State File No.

FILED MAR 31 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 75

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| 1. PLACE OF DEATH a. COUNTY <u>St Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u> <u>0923</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>233 Montgomery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Martin</u> | b. (Middle) <u>Fredrich</u> | c. (Last) <u>Uhlmansick</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 20 1958</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 11, 1874</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 1 YEAR Days <u>9</u> | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>New Melle, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry Uhlmansick</u> | 13b. MOTHER'S MAIDEN NAME <u>Caroline Brockman</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Clara Braucksieker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alverta Scholte, St. Charles, Missouri</u> | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Small bowel obstruction</u> | | <u>2 1/2 hr</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mickel's Diverticulitis</u> DUE TO (c) <u>Meckel Diverticulum</u> | | <u>3 days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u> | | <u>3 days</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 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) <u>7562</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from March 15, 1958 to March 18, 1958, that I last saw the deceased alive on March 17, 1958, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>William H Poggenie MD</u> | 23b. ADDRESS <u>St Charles Mo.</u> | 23c. DATE SIGNED <u>March 19, 1958</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/24/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>S. Linn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Wentzville, Mo.</u> |
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| DATE REC'D BY LOCAL REG <u>MAR 23 58</u> | REGISTRAR'S SIGNATURE <u>Marella Wilson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Garth S. Pitman</u> | ADDRESS <u>Wentzville, Mo</u> |
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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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Wentzville 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.