APR 23 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 7977

Registered No. 364

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 3306 Locust St. Ward)

2. FULL NAME Peter P. Uschler,

(a) Residence. No. 3306 Locust St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Agnes Uschler,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer) Water Co.
(c) Name of employer St. Joseph Water Co.

9. BIRTHPLACE (CITY OR TOWN) Prussia,
(STATE OR COUNTRY) Germany,

PARENTS

10. NAME OF FATHER John Uschler,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Prussia,
(STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Katie Iakubowski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prussia,
(STATE OR COUNTRY) Germany,

14. INFORMANT Mrs J. A. Laurnick
(Address) 3306 Locust Street.

15. FILED MAR 22 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Mar 21, 1928, that I last saw h. alive on March 20, 1928, and that death occurred, on the date stated above, at 12:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Ch.
Dilatation of heart Ac.

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. D. Kearby, M. D
Mch. 22, 1928 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Mch. 23rd 1928

20. UNDERTAKER Heaton-McGale-Bowman — ADDRESS 319 S. 10 St. Funeral Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.