

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

781
1003
Registration District No.....
Primary Registration District No.....
(No. Barnes Hospital)

22632
6863
File No.....
Registered No.....
St..... Ward.....

2. FULL NAME Uhlmeier, Walter

(a) Residence. No. 3863 Green St. 10 Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Uhlmeier (nee Simons)</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19, 1880</u>		
7. AGE <u>48</u>	YEARS <u>-</u>	MONTHS <u>10</u>
		DAY <u>10</u>
		If LESS than 1 day, <u>hr.</u> <u>or</u> <u>min.</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Leib's Furnishings</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Adolph Uhlmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) German
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Peters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

14. INFORMANT Anna Uhlmeier
(Address) 3863 Green Ave.

15. 11-2-1928
FILED May 28 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928
17. I HEREBY CERTIFY, That I attended deceased from 6-23, 1928, to 6-29, 1928, that I last saw h. alive on 6-29, 1928, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage into Cerebrum
82A
97
CONTRIBUTORY Hypertension, General
Arterio Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) Charles W. Ruden M. D.
, 19 (Address) Barnes Hospital

*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 Bellefontaine DATE OF BURIAL July 2 1928

20. UNDERTAKER Walt Hermann & Son ADDRESS 416 West Florissant Ave.

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.

