

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

Do not use this space.

29022

1. PLACE OF DEATH

County..... Registration District No. **79L**
 Township..... Primary Registration District No. **10C**
 City..... (No. **6709**) **Garner** St. **Garner** Ward

File No.
 Registered No. **8528**

2. FULL NAME

Ernest A. Uhlenberg
 (a) Residence. No. **6709 Garner** St. **4** Ward. (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret M. Uhlenberg**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 31 - 1859**
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
69 4 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Organ Builder.**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT **Sophia Uhlenberg**
 (Address) **6709 Garner**

15.

FILED **22 1927**
FILED **22 1927**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) **21st of Aug 1928**

17. I HEREBY CERTIFY, That I attended deceased from **July 4th** **1928**, to **August 21st**, **1928**
 that I last saw **living** alive on **August 19th**, **1928**, and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis **51**
Tuberculosis of Spleen **25**
uncontrollable Diabetes **20**
 (duration) **7** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED **At home**
 IF NOT AT PLACE OF DEATH **at place of death.**

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....
20. WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS **Microscopic exam of liver.**
 (Signed) **George Mich. Brier**, M. D.
22nd of Aug 1928 (Address) **2266 S. Compton**

*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 **DATE OF BURIAL**

20. UNDERTAKER **Walthella Crematory** **Aug. 23 1928**
 ADDRESS **4355**
Chesley 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 edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

