

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

Do not use this space.

12347

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1419) Montrose Ave St. Montrose Ward

File No.
 Registered No. 2867

2. FULL NAME

Sophia Uffmann
 (a) Residence. No. 1419 Montrose St., Montrose Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 or (OR) WIFE OF <u>Henry N. Uffmann</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 14 1843</u>		
7. AGE <u>85</u>	YEARS <u>4</u>	MONTHS <u>19</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>At home</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
10. NAME OF FATHER <u>Fredrick Bergahn</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
12. MAIDEN NAME OF MOTHER <u>Sophia Zwingler</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
14. INFORMANT (Address) <u>Henry N. Uffmann</u> <u>1419 Montrose Ave</u>		
15. FILED <u>J. H. Stanley</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from 3/17, 1925, to 3/8, 1929
 that I last saw her alive on 3/3/29, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) 3 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam.
 (Signed) Stephen Vezquez, M. D.
 (Address) 3202 50 Park

*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 <u>Cath. Burial Cem. St. Charles P.M.</u>	DATE OF BURIAL <u>3/6/29</u>
20. UNDERTAKER <u>Greg Schauer Und Co</u>	ADDRESS <u>414 1/2</u>

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.

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Dr. Vignani
320 2nd Park Ave.