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

Do not use this space.

11666

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2890

City St. Louis (No. St. Anthony's Hospital Ward)

2. FULL NAME Anna Uhri

(a) Residence. No. 5069 Mardel St., 3 Ward. .....
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew Uhri

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 - 1852

7. AGE: YEARS 78 | MONTHS 7 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Unk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unk
12. MAIDEN NAME OF MOTHER: Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unk

14. INFORMANT: Louis A. Uhri
(Address) 5069 Mardel

15. FILED ....., 19 Max C. Harkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 - 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/13/31, 19..., to 3/3, 1931, that I last saw her alive on 3/3, 1931, and that death occurred, on the date stated above, at 1:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
59
32A
57A
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chr. Passive Congestion of Lungs & dip.
Diabetes Mellitus 20 years
Chr. arthritis 20 years.
..... (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? Urine Exam. for Diabetes

(Signed) Eber Simpson, M. D.
3/4, 1931 (Address) 3729 Gravois Ave.

*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: Old St. Marcus
DATE OF BURIAL: 3 - 6 1931

20. UNDERTAKER: W. C. Moydell
ADDRESS: 1926 Allen

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.