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.

JAN 19 1932

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

Do not use this space.
40337
40247

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City " " (No. So. E. Mo Hospital St. Ward)

File No.
Registered No. 835

2. FULL NAME Caroline Uhl,
(a) Residence, No. 606 North St, St., 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 - 1856

7. AGE YEARS 75 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

FATHER
13. NAME Ludwig Schreck,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER
15. MAIDEN NAME Rosine Thum,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Miss Rose Uhl Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimier Cem DATE Dec 7th, 1931

19. UNDERTAKER (ADDRESS) Walthers Und. Co. Cape Girardeau Mo.

20. FILED 12/7, 1931 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec 5th, 1931
I last saw her alive on Dec 5th, 1931. Death is said to have occurred on the date stated above, at 2:15 p m.
The principal cause of death and related causes of importance were as follows:

Surgical shock following hysterectomy for uterine fibroids

Date of onset ?

139c

Other contributory causes of importance:

Name of operation Hysterectomy Date of Nov 30/31
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G B Schultz, M. D.
(Address) Cape Girardeau, Mo