

JUL 27 1935

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

Do not use this space.

20880

1. PLACE OF DEATH

County St. Louis *Ferguson Town* Registration District No. 333  
Township St. Ferdinand Primary Registration District No. 4468  
City Ferguson (No. 421 Abston Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 92

2. FULL NAME Emma Uhle

(a) Residence, No. 421 Abston St. \_\_\_\_\_ 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 Female 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 Leonard Uhle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1885  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Bloomington  
(STATE OR COUNTRY) Illinois

13. NAME Charles Yarp

14. BIRTHPLACE (CITY OR TOWN) Sweden  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) Sweden  
(STATE OR COUNTRY)

17. INFORMANT Leonard Uhle  
(ADDRESS) 421 Abston Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE 6/29 1935

19. UNDERTAKER Geo. Plecksch  
(ADDRESS) 5911 Gaston

20. FILED 6/28 1935 W. A. Ziesler  
Paul Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935  
22. I HEREBY CERTIFY That I attended deceased from June 20 1935 to June 27 1935  
I last saw him alive on June 27 1935 Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 6-20-35

Other contributory causes of importance:  
Apoplexy (cerebral) 1926  
Arteriosclerosis  
Paralysis (hemiplegia)  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? L 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) Ray Johnson, M. D.  
(Address) Ferguson, Mo.

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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