

JAN 13 1936

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

Do not use this space.

791

41391

1. PLACE OF DEATH

County..... Registration District No. 1008
Township..... Primary Registration District No. 1008
City St. Louis, Mo. (No. Barnes Hosp.) St. Ward)

2. FULL NAME Jenna Uelberg

(a) Residence, No. 3669 Russell St. 17 Ward. (If nonresident, give city or town and State)
(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.

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 OR (OR) WIFE OF Erik Uelberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
38 5 27 23

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) Berlin Germany

13. NAME Bernard Goldman

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

15. MAIDEN NAME Theresa Reppin

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

17. INFORMANT (ADDRESS) Erik Uelberg 3669 Russell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Dec. 16, 1935

19. UNDERTAKER (ADDRESS) Weick Bros 2207 So Grand Blvd.

20. FILED DEC 16 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 12-12, 1935

I last saw her alive on 12-12, 1935 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, Malignant subarachnoid haemorrhage

Other contributory causes of importance:
53

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....

(Signed) F. R. Bradley, M. D.
(Address) BARNES HOSPITAL

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.

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