SEP 29 1936

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

Do not use this space.

33260

File No.

Registered No. 341

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks (No. VETERANS FACILITY St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME William UMLAND

(a) Residence, No. St., Ward. Rush City, Minn.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. un ds. How long in U. S., if of foreign birth? un yrs. kno mos. un ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable

11. Total time (years) spent in this occupation unavailable

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

FATHER

13. NAME unavailable

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

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schellig
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Sept 1, 1936

19. UNDERTAKER C. Hoffmeister U.E.Co.
(ADDRESS) 7814 S. Broadway

20. FILED Aug. 30, 1936 L Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1936, to August 27, 1936

I last saw him alive on August 27, 1936. Death is said to have occurred on the date stated above, at 9:55 A.M.

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

	Date of onset
Nephritis, chronic with marked retention of urea, without Edema	Unkwn
131	
Other contributory causes of importance:	
Psychosis w/ Cerebral Arteriosclerosis	Unkwn

Name of operation none Date of

What test confirmed diagnosis? laboratory Was there an autopsy?

phy. exam. clin. manifestations

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) C. W. Hughes
C. W. HUGHES, Chief Medical Officer. M.D.

(Address) Jefferson Barracks, Missouri.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD