

OCT 21 1936

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

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township ClaytonPrimary Registration District No. 6033ACity Clayton(No. 7725 Mohawk plc.)File No. 35515Registered No. 370

St. \_\_\_\_\_ Ward)

2. FULL NAME Charles J. Uhrig,(a) Residence, No. 7725 Mohawk plc., 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 Male	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 <u>Catherine Hesse Uhrig,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 16th, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>11</u>
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sheet metal Contractor</u>		
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) <u>St. Louis, Mo.</u>		
13. NAME <u>Stephen J. Uhrig,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany,</u>		
15. MAIDEN NAME <u>Mary Gruene,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Catherine Hesse Uhrig,</u> (ADDRESS) <u>7725 Mohawk plc.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>9/26/36</u> 19__		
19. UNDERTAKER <u>Walt ...</u> (ADDRESS) <u>Clayton rd, at Concordia Ave</u>		
20. FILED <u>9/25/36</u> <u>D. J. Squorelli</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24th, 193622. I HEREBY CERTIFY, That I attended deceased from  
February 1st, 1936 to September 24th, 1936I last saw h. im alive on September 24th, 1936 Death is saidto have occurred on the date stated above, at 12:15 p. m.

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

Carcinoma of lung, (Right)

Date of onset

Jan 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ No. \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was an autopsy? 

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury 9/24/36 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? NoIf so, specify As before(Signed) D. J. Squorelli, M. D.(Address) 107 S. Grand blvd.

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

V. S. NO. 2  
FORM-1-20-35  
I 27044

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.

