

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.

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **936 Catalpa Avenue** St. _____ Ward _____)

14285

File No. _____
Registered No. **3781**

2. FULL NAME **Bessie Gertrude Uhlmann**

(a) Residence, No. **936 Catalpa Avenue** St. **5** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Alfred Uhlmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th, 1871		
7. AGE	YEARS	MONTHS
	65	8
		28
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) (STATE OR COUNTRY) Pennsylvania		
13. NAME Richard Adams		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
15. MAIDEN NAME Barbara Mathilda Ruth		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
17. INFORMANT Charles Alfred Uhlmann (ADDRESS) 936 Catalpa Avenue		
18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE April 11th, 1937		
19. UNDERTAKER Albert H. Honpe Inc. (ADDRESS) 429 N. Euclid Avenue		
20. FILED APR 8 1937 J. A. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 8th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 5**, 19**37**, to **Apr. 5**, 19**37**

I last saw her alive on **Apr. 5**, 19**37**. Death is said to have occurred on the date stated above, at **7:55 A.M.**

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

Aneurysm Aortic Date of onset _____
Chronic Myocarditis Hypertension
96

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) **Anthony O. Gandy**, M. D.

(Address) **8136 Page Ave.**

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