AUG 30 1937

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

Do not use this space.

28376

**1. PLACE OF DEATH**

County Saint Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 B. — Registered No. 284

City Jefferson Barracks (No. VAF St. Ward)

**2. FULL NAME** John UHTOF

(a) Residence, No. 2909 South 59th Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: Mrs. Lottie Uhtof

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1879

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.P.A.
10. Date deceased last worked at this occupation (month and year): Dec. 1936
11. Total time (years) spent in this occupation: about 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Omaha, Nebraska

FATHER

13. NAME: August Uhtof
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

17. INFORMANT (ADDRESS): Clinical Clerk M. Schilling, VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nat. Cem. J.B. Mo. DATE 7-16- 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 S. Kingshighway

20. FILED July 14, 1937 G. Mowry, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to July 14, 1937

I last saw him alive on July 14, 1937 Death is said to have occurred on the date stated above, at 5:30A m.

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

| | Date of onset |
|---|---|
| Myocarditis, chronic, with Hypertrophy and dilatation; congestive type cardiac failure with Arteriosclerosis, generalized and Hypertension. | Unkn. |
| Other contributory causes of importance: Pneumonia, bronchial, middle and lower lobes, right. | Unkn. |

Name of operation: None — Date of

Autopsy findings

What test confirmed diagnosis? — Was there an autopsy? YES

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, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, 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.