

FEB 12 1938

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

621
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5240 Ashland Ave.** Registered No. **477**
 (e) Length of residence in city or town where death occurred **49 yrs. 3 mos.** ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry W. Ueker 260
 (a) Residence, No. **5240 Ashland Ave. City** St. **6** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 13** 19**38**

5A. IF MARRIED, WIDOWED, OR DIVORCED. (Indicate by checkmark) **Josephine Ueker**

22. I HEREBY CERTIFY, That I attended deceased from **W. W. 22nd**, 19**37**, to **JAN 13**, 19**38**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 13, 1888**

I last saw h.i.m. alive on **JAN 12**, 19**38**. Death is said to have occurred on the date stated above, at **7:30 A.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **49 3 0**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Letter Carrier**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation, (month and year) **April, 1937** 11. Total time (years) spent in this occupation **17**

Acute Cardiac failure following exertion + strain. Hypertension and Chronic Interstitial Nephritis Syphilitic Arthritis
 Other contributory causes of importance: **Congestive Decomposition Uremia and Dropsy 3 months previous to demise**

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **Joseph Ueker**

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **Switzerland**

MOTHER 15. MAIDEN NAME **Anna Rauch**

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **St. Louis, Mo**

17. INFORMANT (ADDRESS) **Mrs. Josephine Ueker 5240 Ashland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Jan. 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly Undt. 3840 Lindell Blvd.**

20. FILED **J. Breuck** Local Registrar. **IAN 14 1938**

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? **NO**
 (Specify) **J. A. White** M.D.
 (Signed) **J. A. White** (Address) **4461 Washington**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)