

REC'D MAY 20 1938

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

15107  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 475  
(b) Township Springriver Primary Registration District No. 5639 Registered No. \_\_\_\_\_  
(c) City Verona (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy Uhrig 620

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 OR  
(OR) WIFE OF Frank Uhrig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Marshfield  
(STATE OR COUNTRY) MissouriFATHER 13. NAME John Sperandio14. BIRTHPLACE (CITY OR TOWN) Austria  
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Dominica Martin16. BIRTHPLACE (CITY OR TOWN) Italy  
(STATE OR COUNTRY)17. INFORMANT Anna Fellin  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic Cemetery April 30, 193819. FUNERAL DIRECTOR (NAME) Wilks Funeral Home  
(ADDRESS) Verona, Missouri20. FILED 5/10, 1938 a J. Uhrig  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to Apr-28, 1938  
I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Phychosis following Date of onset Apr. 2  
lobar pneumonia 1/1938

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes

If so, specify \_\_\_\_\_

(Signed) Neil Smith, M. D.(Address) 121 W Pleasant  
Aurora Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, H. D. Fosse

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed H. D. Fosse

Licensed Embalmer No. 2201

P. O. Address 147 Vernon St

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

**If this body is not embalmed, above space should be left blank.**