

REC'D JUL 12 1938

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

20562
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 2904 PALM Registered No. 5701
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. JOSEPH UELHOFF

(a) Residence, No. 2904 PALM St. 10 (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-8-1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHOE WORKER
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 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

FATHER 13. NAME BERNARD UELHOFF 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER 15. MAIDEN NAME MARY E HUNALD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) HENRY UELHOFF
2904 PALM

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JUNE-27 1938

19. FUNERAL DIRECTOR (ADDRESS) Hubert Dickman
3039 Coates Ave

20. FILED JUN 24 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to June 23, 1938
I last saw him alive on June 23, 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chromony occlusion Date of onset 6-23-38
Other contributory causes of importance:
Chc. Infarctus 10 days
Chc. Arterio-Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 Albert J. Motel M. D.
(Signed) _____ (Address) 2743 W. Grand St. B.D.

WRITE PLAINLY WITH SPREADING INSTRUMENTS AS 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.

STATEMENT BY LICENSED EMBALMER

I, Howard F Rawland, Licensed Embalmer No. 3114

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Howard F Rawland

Licensed Embalmer No. 3114

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.)