

REC'D OCT 12 1938

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

30613  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **1008**  
(b) Township ..... Primary Registration District No. .... Registered No. **8050**  
(c) City **St Louis** (d) Street No. **Deaconess Hospital** ..... 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

**Ferdinand G Uhlich**  
(a) Residence, No. **2001<sup>1/2</sup> Salisbury St.,** St. **26**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 **Augusta Schwartz Uhlich**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 14 1859**

7. AGE YEARS **79** MONTHS **--** DAYS **25** IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Druggist**  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month, day, year) **Sept 1937** 11. Total time (years) spent in this occupation **60**

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

FATHER 13. NAME **Fred Uhlich**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Elizabeth Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs. Augusta Uhlich**  
**2001 Salisbury St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Sept 13 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funl Home**  
**1936 St Louis Ave**

20. FILED **SEP 12 1938** **J. P. Bredich** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **JULY 16**, 19**38**, to **SEPT. 9**, 19**38**

I last saw him alive on **SEPT. 9 AT 1: PM 38** Death is said to have occurred on the date stated above, at **2:25 P M**  
The principal cause of death and related causes of importance were as follows:

**OEDEMA OF LUNGS INDUCED BY WEAKENED HEART ACTION AND LYING IN RECUMBENT POSURE FOR EIGHT WEEKS.**  
Other contributory causes of importance: **FRACTURED LEFT HIP AND LEFT SHOULDER.**

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? **ACCIDENT** Date of injury **JULY 16, 1938**  
Where did injury occur? **FELL IN HOME** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **HOME 2001<sup>1/2</sup> SALISBURY**  
Manner of injury **FELL ON FLOOR**  
Nature of injury **FRACTURED LEFT HIP & LEFT SHOULDER**

24. Was disease or injury in any way related to occupation of deceased? **No**, specify .....  
(Signed) **H. J. Niebauer M.D.**  
(Address) **3621 No 30<sup>th</sup> STR.**

Date of onset  
**9/16/38****7/16/38**

**STATEMENT BY LICENSED EMBALMER**

I, *[Signature]*, Licensed Embalmer No. 3737  
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 *[Signature]*  
..... Licensed Embalmer No. 3737

**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.)**