

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1940
791
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **3201**

Registration District No. **791**
Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: In hospital or institution 3 days
In this community _____ years, months or days

3. (a) PRINT FULL NAME John M. Uhrmann
3. (b) If veteran, name war No.
3. (c) Social Security No. 488-01-7380

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Uhrmann
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 3 1902

8. AGE: Years 37 Months 10 Days 2
If less than one day hr. ✓ min.

9. Birthplace Washington Missouri

10. Usual occupation Pipe Factory Pipe Turner

11. Industry or business Pipe Factory
12. Name Martin John Uhrmann
13. Birthplace Germany
14. Maiden name Anne Heitman
15. Birthplace Stanton, Mo.

16. (a) Informant's own signature Mrs. Margaret Uhrmann
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Apr. 8, 1940
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Hilburg & Witt, Inc.
(b) Address Washington, Mo.

19. (a) APP 6 1940 (b) J. B. H. Beck

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin
(c) City or town Washington Mo.
(d) Street No. 720 Missouri Ave
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1940 hour 12 minute 55 A. M.
21. I hereby certify that I attended the deceased from April 2
1940, to April 5, 1940
that I last saw him alive on April 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, left parietal malignant
Due to _____
Due to _____

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature James B. Jones (M. D. or other) _____
Address St. Luke's Hospital, St. Louis, Mo. Date signed 4-5-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING
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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me
Lester A. Vitt, Registered Apprentice No. _____
working under my personal supervision.

Signed Lester A. Vitt
Licensed Embalmer No. 3254
P. O. Address Washington, Missouri

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.