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No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12896

Registrar's No. 3326

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 157
(If outside city or town limits, write "RURAL")

(d) Street No. 4609 South Spring 9
(If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Uhlendorf

3. (b) If veteran, name war -----

3. (c) Social Security No 488-10-8393

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ida Drebes

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Mar. (Month) 9 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	1	5	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Diemaker

11. Industry or business Whale Art Co.

FATHER
12. Name Ernest Herman Uhlendorf
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margaretha Wieland
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ida Uhlendorf
(b) Address 4609 S. Spring

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Berderwieder Funeral Hom
(b) Address 1936 St. Louis Ave.

19. (a) APR. 17 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from April 9, 1941, to April 14, 1941; that I last saw him alive on April 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Glioma of Rt. Cerebral Hemisphere	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Syphilis	10 yrs.

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Roger W. Howell (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 4/15/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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

If this body is not embalmed, fact should be so stated above.