

No. 2
1-13-40
17-39
X23159

Registration District No. 791

Primary Registration District No.

Registrar's No. 5159

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1231 Sidney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
(c) City or town..... St. Louis 213
(If outside city or town limits, write "RURAL")
(d) Street No..... 1231 Sidney St. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... 350 years.

3. (a) PRINT FULL NAME John Uranschek

3. (b) If veteran, name war..... no. 3. (c) Social Security No. 92-05-9570

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frances Uranschek 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct. 22 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Beer Brewer

11. Industry or business

MOTHER FATHER } 12. Name Unknown Uranschek
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Uranschek

(b) Address 1231 Sidney St.

17. (a) Burial (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul Ch.

18. (a) Signature of funeral director W. H. Bro. & Co.

(b) Address 1929 S. Jefferson Ave.

19. (a) JUN 24 1941 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from 11/30/40 1940 to 6/21 1941
that I last saw him live on 6/21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death tabes dorsalis
Syphilis 3rd
Due to _____
Due to chronic syphilis
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 80
Of autopsy _____

Duration _____
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? _____

While at work (Specify type of job) _____ (a) Means of injury _____
23. Signature Chas. H. Anderson M.D. (M. D. or other)
Address 315 7th Park Ave. Date signed 6/23/41

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

Dr. Hansen ✓
2159 to Park

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 Paul H. Shanklin
working under my personal supervision.

Registered Apprentice No. _____
Signed Paul H. Shanklin

Licensed Embalmer No. 3477

P. O. Address 29908 Jefferson

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, fact should be so stated above.