

DEC 22 1941

Registration District No. 791

Primary Registration District No.

1003

State File No.

Registrar's No.

8921

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20 Days  
(Specify whether  
In this community. 70 Years.  
years, months or days)

3. (a) PRINT FULL NAME Eugene Uhlenbrock

3. (b) If veteran, name war. None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Alma M. Uhlenbrock 6. (c) Age of husband or wife if alive. 67 years  
7. Birth date of deceased. Dec. 3, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 16 hr. min.

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

10. Usual occupation Plasterer  
11. Industry or business Wm. Petty Cont. Co.

MOTHER FATHER { 12. Name. George Uhlenbrock  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name. Ellen Mulqueen  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Alma M. Uhlenbrock  
(b) Address. 5214 No. 20 Str.

17. (a) Burial (b) Date thereof. 11/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Galvary  
18. (a) Signature of funeral director. J. F. Brudeck  
(b) Address. 2117 E. Grand Blvd.

19. (a) \_\_\_\_\_ (b) J. F. Brudeck  
(Licensed embalmer's signature) (Registrar's signature)

NOV 10 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5214a No. 20 Str  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9,  
year 1941 hour 10:45 minute \_\_\_\_\_ A. M.

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

Immediate cause of death. Carcinoma of Bladder.  
Winy bladder

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions. 52 b  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. \_\_\_\_\_  
Of autopsy. None

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. 6  
23. Signature L. O. Mullen (M. D. of State)  
Address. 1515 Lafayette Avenue. Date signed. 11/10/41

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

**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 *Frank A. Moore*

Licensed Embalmer No. *13041*

P. O. Address *2117 E. Grand*

**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.**