V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

959

State File No. 926

FILED FEB 24 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 3738 Evans Ave.
(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: 000

(a) State Missouri (b) County

(c) City or town St. Louis 11 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3738 Evans Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Uhrig

3. (b) If veteran, name war

3. (c) Social Security No. 488-09-4503

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 22 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Secretary

11. Industry or business Physicians Office

FATHER
12. Name Theodore Uhrig
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Goebbels
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Barbara Jenne
(b) Address 3738 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1942 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from February 1924, to Jan 28 1942 that I last saw her alive on Jan 23 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General carcinosis (liver & lung)	1 yr
Due to Cancer of sigmoid	3 yr
Due to Metastases following radical operation in 1940 - about 2 yrs	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Colostomy left and excision of lower 30" of rectum sigmoid & colon (1940)
Of autopsy No autopsy

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

23. Signature John C Marfitt (M. D. or other)

Address 940 Mo Bld 634 N Grand Date signed 1-29-42

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.