

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16750

FILED JUN 15 1947 91

Primary Registration District No. 1003

Registrar's No. 4889

100
17
9

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

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:
6200 Emma 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: 008
(a) State Missouri (b) County 19
(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")
(d) Street No. 6200 Emma Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore A. Uhl
3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-16-8081

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1942 hour 11 minute 35a M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Killmade Uhl 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17th 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 5, 41 to June 2, 42
that I last saw him alive on May 30, 42
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 3 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Emo.
Due to Coronial Atherosclerosis Emo.
Due to Chronic Bronchitis Emo.

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

Other conditions (Include pregnancy within 3 months of death) 930
Major findings: 930
Of operations _____
Of autopsy _____

10. Usual occupation Stage Hand
11. Industry or business _____

MOTHER FATHER
12. Name William Uhl
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name: Maydella Woodley
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rose Uhl
(b) Address 6200 Emma Ave
17. (a) Burial (b) Date thereof 6/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul

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)

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) JUN 4 1942 (b) J. F. Pridemore
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Pridemore (M. D. or other) 3
Address 3015 Jefferson Date signed June 42

Handwritten notes in the top left corner, including the number 260 and other illegible scribbles.

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 *[Signature]*

Licensed Embalmer No. 2265

P. O. Address 4600 1st Bridge ave

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.