

FILED JUL 28 1942 791

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **13 Days**
In this community..... **6 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **608 Marion**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME

Emma Uetz

(b) If veteran, name war..... **No**

(c) Social Security No..... **Unknown**

4. Sex..... **Female**
5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widow**
6. (b) Name of husband or wife..... **Unknown**
6. (c) Age of husband or wife if alive..... **Unknown** years
7. Birth date of deceased..... **November 5, 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 8 hr. min.

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

10. Usual occupation..... **Nil.**

11. Industry or business..... **Nil.**

MOTHER FATHER
12. Name..... **Samuel Mathis**
13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Dorothy Lynn**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Morrison**
(b) Address..... **St. Louis City Hospital.**

17. (a) **BURIAL** (b) Date thereof..... **7-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation..... **CALVARY**

18. (a) Signature of funeral director..... **Hullen Kelly**
(b) Address..... **1416 N. Taylor Ave.**

19. (a) **JUL 18 1942** (b) **J. J. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **13**,
year..... **1942** hour..... **10:45** minute..... **P. M.**
21. I hereby certify that I attended the deceased from..... **July**
1, 19**42** to..... **July 13**, 19**42**
that I last saw him or her alive on..... **July 13**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive heart disease
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **as above**

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 place) (c) Means of injury.....
23. Signature..... **D. M. Petersen** (M. D. or other)
Address..... **1515 Lafayette Avenue,** Date signed..... **7/14/42**

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 Harry E. Jolley
Licensed Embalmer No. 4078
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.