

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4486
Registrar's No.

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

FILED MAY 27 1943 318

Registration District No. 318

Primary Registration District No. 1003

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:
2752 A. Lafayette 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:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
923

(d) Street No. 2752 A. Lafayette Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Katherina Uhl

3. (b) If veteran, name war *****

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

4. Sex Female / race White

5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased February 25 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER {

12. Name John Betz

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Margaret Arnett (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Clara Uhl

(b) Address 2752 A. Lafayette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15th 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette

19. (a) MAY 1 (Date received local registrar's certificate) (b) J. J. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day May year 1943 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from 11-15-42 to 5-12-43 that I last saw her alive on 5-10 and that death occurred on the date and hour stated above.

Immediate cause of death Chylopericardium
" nephritis "

Due to.....

Due to.....

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of 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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R. V. Gannon (M. D. or other)
Address 2767 Park Ave Date signed 5/13/43

*In Person
California Highway*

*11/10/10
11/10/10
11/10/10
11/10/10
11/10/10*

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 E. J...*
Licensed Embalmer No. *2248*
P. O. Address *So Lomb...*

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.