

REG JUN 30 1943 18

Registration District No.

Primary Registration District No.

1003

5661  
371

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 LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town ST LOUIS 175  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3891 MERAMEC ST  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? NO 0 years.

3. (a) PRINT FULL NAME FRANCES UHRIG

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single widowed married, divorced 2

6. (b) Name of husband or wife JHEODORE UHRIG 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 12 (Month) 12 (Day) 1886 (Year)

8. AGE: Years 87 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name DOMIC FRICK

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

14. Maiden name HELENE STAUTER

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

16. (a) Informant Rose Gricka

(b) Address 28-91 Insurance

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 6 27 43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary bur

18. (a) Signature of funeral director Wm. J. Liberman

(b) Address 4335 Washington

19. (a) JUN 21 1943 (Date received local registrar) (b) J. F. Prodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19 year 1943 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from 6/15/43 to 6/18/43, 1943, that I last saw her alive on 6/18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident (Thrombosis) Duration \_\_\_\_\_

Due to Arterio sclerosis

Due to General senile degeneration

Other conditions \_\_\_\_\_ (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? No

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. D. Metz (M. D. or other) \_\_\_\_\_ Address 3102 South Grand Date signed 6/21/43

**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.....

*John Ketter*  
.....  
Licensed Embalmer No. **3880**

P. O. Address.....

**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.**