S. No. 2
M—2-43
5-17-39
I X35697
96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26208

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1836

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 6, 1943. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4114 Wilmington Avenue
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Simon M. UMLAUF

3. (b) If veteran, name war World War #1

3. (c) Social Security No. yes - not remembered

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased May (Month) 18, (Day) 1890 (Year)

8. AGE: Years 53 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business -

FATHER
12. Name Sigmund Umlauf
13. Birthplace (City, town, or county) St. Louis, Mo. (State or foreign country)

MOTHER
14. Maiden name Brigetta Rupprecht
15. Birthplace (City, town, or county) St. Louis, Mo. (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Seiderwieden Fun'l Home
(b) Address 1936 St. Louis Ave.

19. (a) AUG 11 1943 (Date received local registrar) (b) E. G. McLaren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th, year 1943 hour 3:10 minute A.M.

21. I hereby certify that I attended the deceased from August 6, 1943 to August 9, 1943 that I last saw him alive on August 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.

Due to -

Due to -

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.
Of autopsy Autopsy not granted.

Duration: Unknown

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

93c

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 8/9/43

(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 [signature]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.