V. S. No. 2
100M—2-43
Rev. 5-17-39
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92

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 43564

Registration District No. 304 Primary Registration District No. 6046 Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County St Charles

(b) City or town Rural Cottonwood Grove (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near New Melle Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 57 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 92

(a) State Mo (b) County St Charles

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Near New Melle, Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Uhlmannsiek

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 24 (Day) 1867 (Year)

8. AGE: Years 76 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Casper Uhlmannsiek
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Willie Uhlmannsiek

(b) Address Defiance Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Melle, Mo.

18. (a) Signature of funeral director Morris Muschay

(b) Address Wentzville, Mo

19. (a) Nov. 24 1943 (Date received local registrar) (b) Irene Rickmers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 22 year 1943 hour minute 12 NOON

21. I hereby certify that I attended the deceased from Oct 10, 1936 to Nov 22, 1943 that I last saw him alive on Nov 16, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chr. myocarditis | 6 mos |
| Due to Senile gangrene left foot | 2 mos |
| Due to General arteriosclerosis | 10 yrs |
| Other conditions none (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 93d
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert H Schmidt (M. D. or other) MD

Address Marthasville, Mo Date signed

(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 Morris Marchang

Licensed Embalmer No. 2461

P. O. Address Westgrille me

**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.**