

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:  
1424a Angelica St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1424a Angelica St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME George Uebelhack  
 3. (b) If veteran, name war..... none  
 3. (c) Social Security No. 488-07-7552

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th.  
 year 1944 hour 12:05 minute AM. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Selma Uebelhack  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased June 23 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 29, 1936, to February 5, 1944  
 that I last saw him alive on February 5, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 7 12 hr. min.

Immediate cause of death.....  
Pneumonia, lobar  
 Due to Myocarditis; Chronic Hypertension; Chronic

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation Dept. Manager  
 11. Industry or business Ely Walker Dry Goods Co.

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name George Uebelhack  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Lange  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Selma Uebelhack  
 (b) Address 1424a Angelica St.

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

17. (a) Burial (b) Date thereof 2-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.  
 (b) Address 2223 St. Louis Ave.

23. Signature Alfred M. Langenbach, M.D. (M. D. or other)  
 Address 542 1/2 South West Ave. Date signed Feb 5 1944

19. (a) FEB 7 1944 (b) J. F. Br...  
(Date received local registrar) (Registrar's signature)

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

844

**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 A. Buckholz*

Licensed Embalmer No. *1674*

P. O. Address. *3223 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.**