

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **8272**

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:
4323 S. Grand Blvd
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William F. Uhlenhaut

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

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

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 5 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	5	1	hr. min.
----	---	---	----------

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

10. Usual occupation Salesman

11. Industry or business Jenkin-Guerin Oil Co

12. Name Henry Uhlenhaut

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

14. Maiden name Elizabeth Schraime

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

16. (a) Informant Anna Uhlenhaut

(b) Address 4323 S. Grand Blvd

17. (a) Burial (b) Date thereof April 10 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) APR 8 1944 (Date received local registrar)
J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4323 S. Grand Blvd
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day April
 year 1944 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from 12-11-39
 to 4-6-44, 1944
 that I last saw him alive on 4-6-44
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
Coronary disease

Due to _____

Due to _____

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

Major findings: None
 Of operations _____

Of autopsy None

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 Philip Schuck (M. D. or other)
 Address 1703 S Grand Date signed 4-7-44

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

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 J. Jones

Licensed Embalmer No. 7245

P. O. Address St Louis Mo

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.