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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36504

FILED NOV 22 1944

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 9641

1. PLACE OF DEATH:

(a) County ~~C. C. 210 R.F.D. #1~~ St Louis

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

(c) Name of hospital or institution: Childrens Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St, Louis.

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

(d) Street No. C C 210 R.F.D #1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME UEBINGER, JOAN BEVERLY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 15 (Day) 1940 (Year)

8. AGE: Years 3 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Edward Uebringer.
13. Birthplace St,Louis, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette Weaver.
15. Birthplace St,Louis, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mr Edward Uebinger.
(b) Address C. C. 210 R.F.D. #1

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo.L.Pleitsch,Inc.
(b) Address 5966 Easton Ave,St.Louis,Mo.

19. (a) NOV 14 1944 (Date received local registrar) J. F. Bussick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 44 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 11-8, 1944, to 11-13, 1944, that I last saw h. E.R. alive on 11-13-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Gilbert B. Forbes (M. D. or other)

Address 500 South Kingshighway Date signed 11/13/44

(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: Benj. L. Hoffman

Licensed Embalmer No.: 4766

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.