

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 855  
Registrar's No. 719

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Sanitarium  
(d) Length of stay: In hospital or institution 8 mos  
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County  
(c) City or town St. Louis  
(d) Street No. 1103 Bates St  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME ANTOINETTE UHLEK  
(b) If veteran, name war No  
(c) Social Security No

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 February 10 1899

8. AGE: Years 45 Months 11 Days 12

9. Birthplace St. Louis Missouri

10. Usual occupation Housework

11. Industry or business Housework  
12. Name Anthony Uhlek  
13. Birthplace not known Bohemia  
14. Maiden name Elizabeth Horoschitzky  
15. Birthplace St. Louis Missouri

16. (a) Informant Helma Singer  
(b) Address 5400 Arsenal St

17. (a) Entombment (b) Date thereof 1-24-45  
(c) Place: burial or cremation Entombment Oak Grove Maus.

18. (a) Signature of funeral director Schumacher, Rud Co.  
(b) Address 3013 Menomonee St.

19. (a) JAN 24 1945 J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
year 1945 hour 5:15 minute p M.  
21. I hereby certify that I attended the deceased from May 22 1944 to Jan 22 1945  
that I last saw her alive on January 22 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Intra Cranial Hemorrhage 1-22-45  
Due to Operation- Pre-frontal (left) Lobotomy 1-22-45  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy yes  
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?  
(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 Anthony K. Bensch (M. D. or other)  
Address 5400 Arsenal Date signed 1/23/45

**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..... *Francis Williamson* .....

Licensed Embalmer No. *3565*

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.**