M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24968

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 1425

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural, Meramec Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Mellrose Road (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 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural, Glencoe, Mo. R.R. #-1 (If outside city or town limits, write "RURAL")
(d) Street No. Mellrose Road (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Uhter
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife Laura Grah Uhter
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Jan 21 (Month) 1866 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	14	hr. min.

9. Birthplace St. Albans (City, town, or county) Missouri (State or foreign country)
10. Usual occupation General Merchant
11. Industry or business Own store
FATHER
12. Name Frederick Uhter
13. Birthplace ? (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Elmer Uhter
(b) Address Glencoe Mo. R.R. #-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 @946 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) 7-8-46 (Date received local registrar) (b) E.G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1946 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from 8-11, 1945, to 7-5, 1946; that I last saw him alive on 6-17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 year
Due to Arteriosclerotic hypertension	8 yrs.
Due to 930	
Other conditions Arthritis (Include pregnancy within 3 months of death)	1 year.

Major findings:
Of operations X
Of autopsy X

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 C. R. Beckmeyer (M. D. or other)
Address DR. C. R. BECKMEYER EUREKA, MO. Date signed 7-6-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1952

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. Harry Schrader

Licensed Embalmer No. 2091

P. O. Address. Ballwin 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.