No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33100

Registrar's No. 8826

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 3411a California
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3411a California
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caroline Uhrig

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Phillip

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

7. Birth date of deceased March (Month) 22 (Day) 1858 (Year)

8. AGE: Years 89 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Christian Dahmer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant John P Metzen
(b) Address 3411a California

17. (a) ~~Burial~~ Burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, Belleville, Ill

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) SEP 22 1947 (Date received by registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1947 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 25, 1947 to Sept 20, 1947 that I last saw h... alive on Sept 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	8M
Due to arteriosclerosis	8M
Due to senility	—
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Roland A. Rosh (M.D. or other)
Address 3030 California ave Date Sept 20, 1947

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravoi

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.