

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40576

Registration District No. 219

Primary Registration District No. 4469

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Ste. Genevieve  
(b) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wife (Specify whether)

In this community 1 years, months or days

3. (a) PRINT FULL NAME LaVerne J. Uding

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, Married

6. (b) Name of husband or wife August W. Uding 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 3 1889  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles C. Jokerst

13. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Teresa R. Hettig

15. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andrew Kieffer

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof Nov. 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director Spence J. Deane

(b) Address Ste. Genevieve, Missouri

19. (a) 11-23-47 (b) Teresa M. Karl  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

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

(d) Street No. 117 N. 2nd St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1947 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb. 2  
1946 to Nov. 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration 2 hrs.

Due to Arteriosclerosis and Hypertension ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations g3p Of autopsy \_\_\_\_\_

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 R. L. Lawrence (M. D. or other) \_\_\_\_\_  
Address Ste. Genevieve, Mo Date signed 11/22/47

RECEIVED

Health Officer No. 4

File Number 1147-1484

Date Filed 11-25-47

JAN 20 1948

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

*James H. Stanton*

Licensed Embalmer No. 3817

P. O. Address *St. Genevieve 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.