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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948 90426
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34786
Registrar's No. 9558

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1843a Menard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

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3. (a) PRINT FULL NAME Conrad W. Uhl
3. (b) If veteran, name war ---
3. (c) Social Security No. 497-05-8702
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Franke Uhl
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November (Month) 14th (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	11	17	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Relief Man
11. Industry or business Brewery
FATHER
12. Name Ferdinand Uhl
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Louise Holblaub
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. H. E. Link
(b) Address 4617 Alaska Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director 1936 St. Louis Ave.
(b) Address BEIDERWIEDEN FUNERAL HOME, INC.
19. (a) NOV 3 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1948 hour 9 minute 55 P.M.
21. I hereby certify that I attended the deceased from 9-30-48, 19__, to 11-1-48, 19__;
that I last saw him alive on 11-1-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	4 Sys.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Psychosis c̄ other somatic disease, heart failure	

95 c

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul M. Cardwell M.D. (M. D. or other)
Address 1515 Lafayette Avenue Date signed 11-1-48

(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 Max L. Warfil

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 3V 786-48
Local Registrar's No. 9558

On this 24th day of March, 1949, before me appears Mrs. H. E. Link, who, upon her oath, states that the original record of death for Conrad Uhl died November 1st, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on Nov. 3, 1948 should be corrected as follows:

Item No. 3 (a) should read Conrad W. Uhl
Instead of Conrad Uhl

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. H. E. Link Sister
Relationship.

4617 Alaska Avenue
Present Address.

Subscribed and sworn to before me this 24th day of March, 1949.

My Commission expires Dec. 12, 1952 Marie E. Bentrup Notary Public.

Form V. S. 135
50M—18-43
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