

FILED JAN 24 1949

State File No. _____

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2000

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town Webster Groves, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Glenwood Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs, 7 mos. 22 days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Lottie Uhrmacher3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F / 5. Color or
race W6. (a) Single, widowed, married,
divorced. _____

6. (b) Name of husband or wife

Joseph Uhrmacher6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

Nov.
(Month)15
(Day)1882
(Year)

8. AGE:

Years

Months

Days

If less than one day

6614

hr. _____ min.

9. Birthplace

(City, town, or county)

Austria
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business _____

12. Name _____

13. Birthplace

(City, town, or county)

Austria
(State or foreign country)

14. Maiden name _____

15. Birthplace

(City, town, or county)

Austria
(State or foreign country)

16. (a) Informant

Joseph Uhrmacher

(b) Address

5409 Cabanne17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12-21-48
(Month) (Day) (Year)

(c) Place: burial or cremation

MT. SINAI Cem.

18. (a) Signature of funeral director

Hervey R. Rindorf

(b) Address

5216 Delmar19. (a) 12-21-48

(Date received local registrar)

(b) Paul Jones

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves
St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5409 Cabanne
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
 year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 22
1946 to December 19, 1948
 that I last saw her alive on December 19th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Duration 2 days

Due to Generalized arteriosclerosisDue to 107Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations H/A!

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 Paul Jones M.D.
 Address 1300 Grant Rd. Date signed 12-19-48

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.....

John Kestler
Licensed Embalmer No. *3880*

P. O. Address.....

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.