

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3344

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **981**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4704 PENROSE ST | | d. STREET ADDRESS (If rural, give location) 4704 PENROSE ST. | |

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|-------------------------------------|--------------------------|-------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) BARNEY | b. (Middle) | c. (Last) UELK | 4. DATE OF DEATH (Month) (Day) (Year) 1/30/49 |
|-------------------------------------|--------------------------|-------------|-----------------------|---|

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|--------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 4/5/1879 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LETTER CARRIER | 10b. KIND OF BUSINESS OR INDUSTRY U.S. GO'T | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME ARNOLD UELK | 13b. MOTHER'S MAIDEN NAME THERSA STIENS | 14. NAME OF HUSBAND OR WIFE HATTIE CLARK UELK |
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|---|-------------------------|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME HATTIE UELK | ADDRESS 4704 PENROSE ST. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 2 hours |
| | ANTECEDENT CAUSES DUE TO (b) Atherosclerotic Cardio Vasculat^{dis} 14 yrs | | |
| | DUE TO (c) hypertension | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **1935**, to **Jan 30**, 1949, that I last saw the deceased alive on **Jan 30**, 1949, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

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|---|--------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) Dr. C. Lindeman M.D. (C) | 23b. ADDRESS 4126 Sherwood | 23c. DATE SIGNED 1/31/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 2/3/49 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI |
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| DATE REC'D BY LOCAL REG FEB 1 1949 | REGISTRAR'S SIGNATURE J. B. Losater | 25. FUNERAL DIRECTOR'S SIGNATURE STROOT * CARROLL | ADDRESS 4600 NATURAL BRIDGE |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ben Hoffman

Licensed Embalmer No.

4366

P. O. Address

Haus 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.