No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 2 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 28636

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7431

**1. PLACE OF DEATH**
a. COUNTY: MISSOURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: ALXIAN BROS. HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 1010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 14
d. STREET ADDRESS (If rural, give location): 3103 GRAVOIS AVE

**3. NAME OF DECEASED** (Type or Print)
a. (First): SYLVESTER
b. (Middle): UVILLA
c. (Last): UVILLA

**4. DATE OF DEATH** (Month) (Day) (Year): AUG 25 1949

**5. SEX**: MALE
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JUN. 24, 1892
**9. AGE** (In years last birthday): 57 — If under 1 year: Months 2, Days 1 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): BEER BOTTLER
**10b. KIND OF BUSINESS OR INDUSTRY**: FALSTAFF BRG. CO.
**11. BIRTHPLACE** (State or foreign country): MICHIGAN
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: SYLVESTER UVILLA
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: ANNA. W. UVILLA
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: UNKNOWN
**17. INFORMANT'S SIGNATURE OR NAME**: RUTH ANTOON — **ADDRESS**: 3031 GRAVOIS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: about 2 years

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 7/18/49
**19b. MAJOR FINDINGS OF OPERATION**: Metastatic Carcinoma of Stomach.
**20. AUTOPSY?** YES ☐ NO ☒

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) a.m. p.m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 151X

**22.** I hereby certify that I attended the deceased from July 10, 1947, to Aug 25, 1947, that I last saw the deceased alive on Aug 25, 1947, and that death occurred at 4:00 A m., from the causes and on the date stated above.

**23a. SIGNATURE**: [signature] (Degree or title):
**23b. ADDRESS**: 7606 Gravois
**23c. DATE SIGNED**: 8/25/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: AUG 27, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: NATIONAL CEMETERY SEP. BRKS
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS MO

**DATE REC'D BY LOCAL REG.**: AUG 26 1949
**REGISTRAR'S SIGNATURE**: J. B. Fazata
**25. FUNERAL DIRECTOR'S SIGNATURE**: Thomas Kutis — **ADDRESS**: 2906 Gravois

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed. Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.