

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15206

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 28

0951

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

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>STE Genevieve</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>STE. Genevieve</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>604 N 3rd STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 N 3rd STREET</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISE</u>	b. (Middle) <u>MARY</u>	c. (Last) <u>UDING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 10 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>FRENCH VILLAGE MO</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>VALENTINE SEWALD</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE TRAUTMAN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES UDING</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Valentine Uding Ste. Genevieve Mo</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Aortic Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> <u>4221</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Atherosclerosis</u>		
	DUE TO (c) <u>Chronic Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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? _____
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22. I hereby certify that I attended the deceased from July, 1914 to May 5, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Saddle</u> (Degree or title) _____	23b. ADDRESS <u>Ste Genevieve Mo</u>	23c. DATE SIGNED <u>5-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING COM.</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>5-6-51</u>	REGISTRAR'S SIGNATURE <u>Dwain M. Karl - Sep 0</u>	25. FUMERAL DIRECTOR'S SIGNATURE <u>Geo. C. Butler Ste. Genevieve Mo</u>	ADDRESS _____
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RECEIVED

MAY 8 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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

Adrian J. Ekler

Licensed Embalmer No. *4740*

P. O. Address *St. Lawrence, 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.