

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21588**

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>2535</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) 15 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		452.4	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 2526 Valley St.				d. STREET ADDRESS (If rural, give location) 2526 W Valley St.			
3. NAME OF DECEASED (Type or Print) JOSEPH A. UEKER			4. DATE OF DEATH (Month) (Day) (Year) 6-28-51				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-16-1884	9. AGE (In years last birthday) 66	If UNDER 1 YEAR Months 11 Days 11	If UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Ueker			13b. MOTHER'S MAIDEN NAME Anna Rauch		14. NAME OF HUSBAND OR WIFE Mary Ueker		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mary Ueker		ADDRESS Above	
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.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon (recto-sigmoid) Liver metastases				DUE TO (b) _____			1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Diabetes			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1534				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Nov 20, 1950 , to June 28, 1951 , that I last saw the deceased alive on June 24, 1951 , and that death occurred at 8 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Verone O. Cook, M.D.				23b. ADDRESS 4409 W. Pine		23c. DATE SIGNED 6/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7-2-51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri		
DATE REC'D BY LOCAL REG. 6-29-51		REGISTRAR'S SIGNATURE Herbert O. Lombk		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS 3156 Manchester Maplewood 17, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

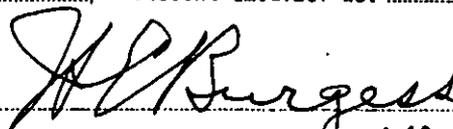
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4029

P. O. Address Maplewood, 17 Missouri

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.