

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43389**  
Registrar's No. **11088**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2261</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luth. Boarding Home for Aged</b>		6. STREET ADDRESS (If rural, give location) <b>3652 So. Jefferson</b>	
3. NAME OF DECEASED <b>3652 So. Jefferson</b> (First) (Middle) <b>Minnie</b> (Type or Print)		c. (Last) <b>Uhlig</b>	
5. SEX <b>Female</b>		4. DATE OF DEATH <b>Dec. 13, 1951</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 3, 1878</b>		9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months Days IF UNDER 5 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>4</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Rolling</b>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <b>Karl G. Uhlig</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Karl G. Uhlig, 3652 So. Jefferson</b>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> - ANTECEDENT CAUSES <b>Hypertension</b> <b>Diabetes</b> Morbidity 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>260 X</b>			
22. I hereby certify that I attended the deceased from <b>6/8</b> , 19 <b>51</b> , to <b>12/13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>12/13</b> 19 <b>51</b> , and that death occurred at <b>7:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. E. Hansen MD</b> (Degree or title)		23b. ADDRESS <b>3012 Lafayette</b>	
23c. DATE SIGNED <b>12/14/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 15, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 15 1951</b>		REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>		ADDRESS	

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

Ex

*Atto*  
Dr. ~~Wm.~~ Hanser,  
~~3701 Grand Square~~  
*342 Lafayette*

200 - 4:30 Except Friday.

JE 4430

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: *Richard J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.