

No. 300  
10.48

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6831

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1251**

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 MO**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS 2239**

d. FULL NAME OF HOSPITAL OR INSTITUTION **INCARNATE WORD Hosp.**

d. STREET ADDRESS (If rural, give location) **1229 1/2 VICTOR**

3. NAME OF DECEASED  
a. (First) **VERNA** b. (Middle) **-** c. (Last) **UEBEL**

4. DATE OF DEATH (Month) (Day) (Year) **FEB. 7 1952**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) **MARRIED**

8. DATE OF BIRTH **DEC. 19 1908**

9. AGE (In years last birthday) **43**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **MISSOURI**

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **LARRY PORTELL**

13b. MOTHER'S MAIDEN NAME **ELLEN TROKEY**

14. NAME OF HUSBAND OR WIFE **HARRY UEBEL**

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. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **HARRY UEBEL 1229 1/2 VICTOR**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hemorrhage, gastric-intestinal**

INTERVAL BETWEEN ONSET AND DEATH **2 days**

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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. **Cirrhosis of liver with ascites**

**6 mo.**

19a. DATE OF OPERATION **None**

19b. MAJOR FINDINGS OF OPERATION **No operation**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **No**

21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **5810**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **JUNE 1951**, to **FEB. 7, 1952**, that I last saw the deceased alive on **FEB. 6, 1952**, and that death occurred at **6:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John R. Saly** (Degree or title) **0 M.D.**

23b. ADDRESS **1800 1/2 Sidney St.**

23c. DATE SIGNED **2/7/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **FEB. 9 1952**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **FEB 8 1952**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutis 2906 Garrison**

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leo J. Budde*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3989*

P. O. Address

*St. Louis, 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.