

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22874

State File No. \_\_\_\_\_

No. 300  
10-40

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>531</u>	Registrar's No. <u>1744</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>34th TOWN University City</u>		
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>7244 Forsyth Blvd.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7244 Forsyth Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>7244 Forsyth Blvd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Uhl</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1952</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>May 7, 1880</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Martin Gannon</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Prendergast</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Silas W. Uhl</u>
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Silas W. Uhl, 7244 Forsyth Blvd.</u>
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) <u>Arteriosclerotic Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>		
ANTECEDENT CAUSES <u>Cardiovascular Disease</u>		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Apoplexy</u>		
II. OTHER SIGNIFICANT CONDITIONS. <u>Apoplexy</u>		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NI</u>		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) (Min.) <u>NI</u>		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 <u>6-25-1952</u> , to <u>6-25-1952</u> , that I last saw the deceased alive on <u>6-25-1952</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. J. Anderson M.D.</u> (Degree or title)		23b. ADDRESS <u>4390 West Pine</u>		23c. DATE SIGNED <u>6-27-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Donnelly 3840 Lindell Blvd.</u>

(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4699

P. O. Address H. Charles

**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.