No. 300
10.48

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

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33516

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8597

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5936 Childress

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2929
d. STREET ADDRESS (If rural, give location) 5936 Childress

3. NAME OF DECEASED (Type or Print)
a. (First) Frederick
b. (Middle) C
c. (Last) Uhlemeyer

4. DATE OF DEATH (Month) (Day) (Year) Sept 12, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 1, 1890

9. AGE (In years last birthday) 62 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Fireman

11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Guston Uhlemayer

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Clara J Uhlemayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Fred M Uhlemeyer **ADDRESS** 5936 Childress

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular renal disease — 2 years

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 None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 442X

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* Sept 12, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 10:17 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles Silverberg **(Degree or title)** MD. **23b. ADDRESS** 15 N. Brentwood Blvd. **23c. DATE SIGNED** 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 9/15/52 **24c. NAME OF CEMETERY OR CREMATORY** N St Marcus Cemetery **24d. LOCATION** (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. SEP 13 1952 **REGISTRAR'S SIGNATURE** J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons **ADDRESS** 7027 Gravois

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.