

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36948**
9812

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

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| 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 St. Louis, Mo TOWN | | c. LENGTH OF STAY (in this place) 87 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2159 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital | | d. STREET ADDRESS (If rural, give location) 459 Beethoven Ave | |

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|-------------------------------------|---------------------------|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) WILLIAM | b. (Middle) F | c. (Last) UFFMANN | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1952 |
|-------------------------------------|---------------------------|----------------------|--------------------------|---|

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|-----------------|---------------------------|--|--|---|------------------------|------------------------|-----------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 22, 1885 | 9. AGE (In years last birthday) 67 | 10 UNDER 1 YEAR Months | 11 UNDER 24 HRS. Hours | 12 UNDER 60 MIN. Min. |
|-----------------|---------------------------|--|--|---|------------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist | 10b. KIND OF BUSINESS OR INDUSTRY Electrical Supplies | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Herman Uffmann | 13b. MOTHER'S MAIDEN NAME Minnie Scheer | 14. NAME OF HUSBAND OR WIFE Edna Uffmann |
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| 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. no | 17. INFORMANT'S SIGNATURE OR NAME Edna Uffmann | ADDRESS 4459 Beethoven Ave |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis | | 1 week |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Perforated Gangrenous DUE TO (c) Appendicitis | | 1 week |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 10/15/52 | 19b. MAJOR FINDINGS OF OPERATION Appendicitis Appendectomy - Acute Peritonitis | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 5501 |
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22. I hereby certify that I attended the deceased from **Oct. 15, 1952**, to **Oct. 22, 1952**, that I last saw the deceased alive on **Oct. 22, 1952**, and that death occurred at **4:45 Pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W. A. Malters M.D. | 23b. ADDRESS 3608 South Grand Blvd. | 23c. DATE SIGNED 10/23/52 |
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|---|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE Oct. 25, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County |
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| DATE REC'D BY LOCAL REG. OCT 25 1952 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. | ADDRESS 1936 St. Louis Av. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 3 1932

DEC 1 1932

Dr. Wm. Walters
Melba Building
Hrs. 1-4

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 Delis J. Krupin

Licensed Embalmer No. 3497

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.