

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36949

State File No.

NOV 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9629**

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		d. STREET ADDRESS (If rural, give location) 24 2806^a ARSENAL	

3. NAME OF DECEASED (Type or Print) a. (First) NAN b. (Middle) UHLINGER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT. 16 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JUN. 3 1869		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	
11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	

13a. FATHER'S NAME ROBERT PROSISE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN UHLINGER (DEC'D)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONA HORAK 6707 LANSDOWNE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Poisoning Nephritis Glomerular Chl. Myocarditis DUE TO (b) Heart Block DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Block			INSET BETWEEN ONSET AND DEATH 3 days May 1950 June 1950 Aug 1952
---	--	--	--	--	--

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 593X	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from **Feb 16, 1946**, to **Oct 16, 1952**, that I last saw the deceased alive on **Oct 16, 1952**, and that death occurred at **3:23 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. ...		23b. ADDRESS 7767 Harris St. E. St. Louis Mo		23c. DATE SIGNED 10-18-52	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE OCT. 20 1952		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 ...			

DATE REC'D BY LOCAL REG. OCT 20 1952		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ...	
---	--	----------------------------------	--	---	--

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

Manda

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.....

Henry C. Hill

Licensed Embalmer No. 43479

P. O. Address 2906 Davis

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.