

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22620**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Charles		c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 8901-Argyle Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) William c. (Last) Uhlmansiek			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 5, 1900		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR: Months 9 Days 7 IF UNDER 1 WKS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Tel. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Martin Uhlmansiek		13b. MOTHER'S MAIDEN NAME Emma Braucksjeker		14. NAME OF HUSBAND OR WIFE Sarelda E. Uhlmansiek	
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. None		17. INFORMANT'S SIGNATURE OR NAME Sarelda E. Uhlmansiek ADDRESS 8901-Argyle Overland	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis - Generalized		INTERVAL BETWEEN ONSET AND DEATH 24 hr	
		ANTECEDENT CAUSES DUE TO (b) Ruptured Peptic Ulcer		24 hr	
		DUE TO (c) Duodenal - Pyloric Ulcer		10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis		10 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5410		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 **June 11, 1953**, to **June 12, 1953**, that I last saw the deceased alive on **June 12, 1953** and that death occurred at **1:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Poggenmiller MD		23b. ADDRESS 200 Clay St. St. Charles		23c. DATE SIGNED June 13, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-15-1953		24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	
		24d. LOCATION (City, town, or county) (State) Wentzville, Mo. via Motor			

DATE REC'D BY LOCAL REG. June 16-53		REGISTRAR'S SIGNATURE Franie Abnet		25. FUNERAL DIRECTOR'S SIGNATURE William Bro. Inc. ADDRESS 2504-Woodson Rd-Overland-14-Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1953

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.