

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31215

State File No. ....

FILED SEP 28 1953

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>344 So Ellis St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>344 So Ellis St Cape Girardeau Mo</u>			
3. NAME OF DECEASED a. (First) <u>Albert</u>		b. (Middle) <u>Ueleke</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1953.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1883.</u>
9. AGE (In years last birthday) <u>70.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Welder</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gordonville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry F Ueleke</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Schlueter</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hartman Ueleke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-05-4596A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Albert Ueleke.</u> ADDRESS <u>Cape Girardeau Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Sub arachnoid Hemorrhage</u> <u>arterio sclerosis</u> <u>1 week</u> <u>15 years</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (b) _____ DUE TO (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.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>330X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Sept 3, 1953</u> , to <u>Sept 10, 1953</u> , that I last saw the deceased alive on <u>Sept 10, 1953</u> and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward D Campbell M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>Sept 14, 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist Cemt</u>	
24d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Haman's Funeral Home</u> ADDRESS <u>Cape Girardeau Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-21-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

**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



Licensed Embalmer No. 2863

P. O. Address Cape Girardeau 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.