

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10488**

FILED **MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2328**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2189	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
c. LENGTH OF STAY (In this place) 57		d. STREET ADDRESS (If rural, give location) 4379 1/2 Gibson Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4379 1/2 Gibson Ave			

3. NAME OF DECEASED (Type or Print) a. (First) AMELIA		b. (Middle) EDNA		c. (Last) UFFMANN		4. DATE OF DEATH (Month) (Day) (Year) MAR 11 1954			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 7-1896		9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months 9 Days 4	11. UNDER 1 Wk. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker			10b. KIND OF BUSINESS OR INDUSTRY Clothes Laundry		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? 0	

13a. FATHER'S NAME John Arthur		13b. MOTHER'S MAIDEN NAME Amelia Kappeser		14. NAME OF HUSBAND OR WIFE Fred L. Uffmann	
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. 488-28-4499		17. INFORMANT'S SIGNATURE OR NAME Fred L. Uffmann	
ADDRESS 4379 1/2 Gibson Ave					

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
	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		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)	
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? 4200	

22. I hereby certify that I attended the deceased from **Dec 1953**, to **11 Mar, 1954**, that I last saw the deceased alive on **11 MAR, 1954**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard Jones (Degree or title)		23b. ADDRESS 3720 WASHINGTON		23c. DATE SIGNED 11 MAR 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-15-54		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. MAR 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H.		ADDRESS 1936 St. Louis Ave.	
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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 *[Signature]*

Licensed Embalmer No. 4520

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.