

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36070

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8578

1. PLACE OF DEATH
a. COUNTY St. Louis

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 OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital

e. STREET ADDRESS (If rural, give location) 1515 Lafayette

3. NAME OF DECEASED
a. (First) FRANK b. (Middle) X. c. (Last) UHLENBROCK

4. DATE OF DEATH (Month) (Day) (Year) 9 19 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Dec. 3, 1871

9. AGE (In years last birthday) Months Days 82 9 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Hospital Employee

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Missouri, St. Louis

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Uhlenbrock

13b. MOTHER'S MAIDEN NAME Ellen Mulguen

14. NAME OF HUSBAND OR WIFE Ella G. Uhlenbrock

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George Uhlenbrock, 4564 Ruskin 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from Mar. 29, 1951, to Sept. 19, 1954, that I last saw the deceased alive on Sept. 19, 1954, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE George M. Jenaki, M.D. (Degree or title)

23b. ADDRESS 5600 Arsenal St.

23c. DATE SIGNED 9/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 22, 1954

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. SEP 20 1954

REGISTRAR'S SIGNATURE Carl Smith

FUNERAL DIRECTOR'S SIGNATURE Walter J. Donnelly

ADDRESS 3840 Lindell Blvd.

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

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. S. L. L. L......

Licensed Embalmer No. 463

P. O. Address 3840 Len.....

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.