

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3198**
Registrar's No. **0778**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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**

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 CITY HOSPITAL #1**

STREET ADDRESS (If rural, give location) **1514 Hebert St** **2269**

3. NAME OF DECEASED (Type or Print)
a. (First) **OTTO** b. (Middle) _____ c. (Last) **UHLE**

4. DATE OF DEATH (Month) (Day) (Year) **1 25 55**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Octo 16 1892**

9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **Casket Co**

11. BIRTHPLACE (City and State or Foreign Country) **Germany**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Friedrich Uhle**

13b. MOTHER'S MAIDEN NAME **Katherina Hirschmann**

14. NAME OF HUSBAND OR WIFE **Augustina Uhle**

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. **489-05-2774**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Fred Uhle 1517 Warren St**

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.

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

INTERVAL BETWEEN ONSET AND DEATH _____

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? **331X**

22. I hereby certify that I attended the deceased from **1-23**, 19**55**, to **1-25**, 19**55**, that I last saw the deceased alive on **1-25**, 19**55**, and that death occurred at **1:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Les M... M.D.**

23b. ADDRESS **1515 Lafayette Ave.**

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Jan 28 1955**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery**

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

DATE REC'D BY LOCAL REG. **JAN 27 1955**

REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beiderwieden F.H.Inc., 1936 St.Louis Av**

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

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. ⁴⁵ _____

P. O. Address ^{St. Louis} _____

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.