

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

FILED FEB 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6579
Registrar's No. 1157

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 OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 0	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 237 1420 Grattan St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Alfred	c. (Last) Uhlmann	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955
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5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 2	8. DATE OF BIRTH July 18, 1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tax Clerk	10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Chas. Theodore Uhlmann	13b. MOTHER'S MAIDEN NAME Emilie Kesse	14. NAME OF HUSBAND OR WIFE Bessie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Charles Uhlmann, Rt. 1, Defiance, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arterosclerosis with		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardio-cerebral elements DUE TO (c) Peripheral vascular condition		
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"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4533

22. I hereby certify that I attended the deceased from Jan. 13, 1955, to Feb. 5, 1955, that I last saw the deceased alive on Feb. 5, 1955, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Robert Francis Bowditch M.D.</i>	23b. ADDRESS 5800 Arsenal St	23c. DATE SIGNED 2-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-8-55	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. FEB 7 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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. 410

P. O. Address At Large

**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.**