

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11549**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2545**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>52 year</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>12 18 South Kingshighway Blvd.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Thomas</b>	b. (Middle) <b>T</b>	c. (Last) <b>Uyeda</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 11th 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 6- 1888</b>	9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel Montclair</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Japan</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>U.K. Uyeda</b>		13b. MOTHER'S MAIDEN NAME <b>U.K.</b>		14. NAME OF HUSBAND OR WIFE <b>Lulu Uyeda</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-01-9213</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Al Tucker 7562 Amherst</b>	
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) <b>acute myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic coronary artery disease</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 <b>16 hrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 <b>Nov</b> , 19 <b>52</b> , to <b>March 11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>March 11</b> , 19 <b>56</b> , and that death occurred at <b>1.25 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>A. K. Juskef MD</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>18 So. Kingshighway</b>	
23c. DATE SIGNED <b>3-12-56</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-13-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			
DATE REC'D BY LOCAL REG. <b>MAR 12 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>	

(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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *38407*

P. Q. Address *38407*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.