

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18968

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1145

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. 4346</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	c. LENGTH OF STAY (in this place) <u>40 years</u>	c. CITY OR TOWN <u>University City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7244 Forsyth Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>7244 Forsyth Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Uhl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 4 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 18th. 1872</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hadley Bros. Uhl</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Uhl</u>	13b. MOTHER'S MAIDEN NAME <u>U.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Uhl</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-05-0799</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F.R. Gadd</u>	ADDRESS <u>7244 Forsyth Blvd.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Hypertensive</u> <u>Cardio Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial Asthma 8 yrs.</u> DUE TO (c) <u>Chronic Bronchiectasis 8 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>
19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY <u>241X 447X</u> 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) (Minute) <u>-</u>	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 4-8-, 1933, to 5-4-, 1956, that I last saw the deceased alive on 5-3-, 1956, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Raundorck</u> (Degree or title)	23b. ADDRESS <u>4390 Sherwin</u>	23c. DATE SIGNED <u>5-4-56</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>may 7th. 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Dornally</u>	ADDRESS <u>3840 Lindell Blvd</u>
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(Licensed Emballer's Statement on Reverse Side)

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

0.300
0.48

