

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11217**  
Registrar's No. **2412**

FILED APR 12 1957

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)	
b. CITY (If outside corporate limits, write RURAL and give town or place) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>8 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		e. CITY OR TOWN <b>St. Louis</b>	
f. STREET ADDRESS (If rural, give location) <b>6211 North Pointe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>William</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Ufer</b>	<b>March 9 1957</b>	

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) (If under 1 year: Months) (If under 1 hrs: Hours) (Min.)
		<b>never married</b>	<b>July 16 1901</b>	<b>55</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Von Hoffman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Rudolph Ufer</b>	13b. MOTHER'S MAIDEN NAME <b>Katie Knott</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>492 05 5634</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman Ufer</b>	ADDRESS <b>6211 North Pointe</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of lymphoepithelium generalized with rapid &amp; massive growth.</b>		
	DUE TO (b) <b>Primary Carcinoma of Salivary Gland</b>		
DUE TO (c) <b>Primary in Liver with metastases to base of brain.</b>		1 year?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 month?	

19a. DATE OF OPERATION <b>155X</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/15 1957**, to **3/9 1957**, that I last saw the deceased alive on **3/7 1957**, and that death occurred at **8:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Barney Orzell MD</b>	23b. ADDRESS <b>6508 Florissant Av. Mo.</b>	23c. DATE SIGNED <b>3/11/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3/12/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sun Set Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 11 1957</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b>	ADDRESS <b>5967W. Florissant</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 *W. Fred J. Buchholz*.....

Licensed Embalmer No. *4531*

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.