.S. No. 300
EV. 10.48

FILED OCT 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38793

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2275

RAIL

WEICK.

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

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch, Mo.
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 Robert Koch Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: ~~St. Louis City~~
c. CITY OR TOWN: St. Louis 2169
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 16 3154 S Arkansas

3. NAME OF DECEASED (Type or Print)
a. (First): Bernard
b. (Middle): Joseph
c. (Last): Uhan

4. DATE OF DEATH (Month) (Day) (Year): 9-13-57

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0 Single
8. DATE OF BIRTH: 8-5-24
9. AGE (In years last birthday): 33 yrs. 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Yugoslavia 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Uhan
13b. MOTHER'S MAIDEN NAME: Elsie Skubis
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-24-5055
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert Koch Hosp. Records, Koch, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 9 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002.X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-29, 1953, *to* 9-13, 1957, *that I last saw the deceased alive on* 9-13, 1957, *and that death occurred at* 7:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo.
23b. ADDRESS: Koch Hospital Koch, Mo.
23c. DATE SIGNED: 9-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-15-57
24c. NAME OF CEMETERY OR CREMATORY: Oak Wood Cemetery
24d. LOCATION (City, town, or county) (State): Hammond - Indiana

DATE REC'D BY LOCAL REG.: 9-13-57
REGISTRAR'S SIGNATURE: Herbert R. Domke [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Weick Bros - 2201 So. Grand.

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey Bahle

Licensed Embalmer No. 4596

P. O. Address Pleasant

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