

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016562  
STATE FILE NUMBER

FILED APR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3818

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis,</b>	
15 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		Length of stay in 15'		d. STREET ADDRESS (If outside, give location) <b>3008a Osage St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>P.</b> Last <b>Uhlen Sr.</b>		4. DATE OF DEATH Month <b>April</b> Day <b>3</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1864</b>	9. AGE (In years birthday) <b>94</b>	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy-man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 20 yrs.</b>		11. BIRTHPLACE (City and state or country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Dont Know</b>		13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>	
14. NAME OF HUSBAND OR WIFE <b>Christina Uhlen</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>None</b>	
17. INFORMANT <b>Miss Gertrude Uhlen</b>		Address <b>3008a Osage St.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Hypertensive Cerebral Vascular Disease</b> DUE TO (c) <b>Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary Atherosclerosis - Fatal</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>10 years</b> <b>20 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>443x</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1956</b> to <b>1958</b> and last saw him alive on <b>April 3, 1958</b> . Death occurred at <b>11:10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John V. Lawrence M.D.</b>		22b. ADDRESS <b>3720 Washington Ave St Louis</b>		22c. DATE SIGNED <b>4-4-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr. 7, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Missouri.</b>		23e. NAME OF CEMETERY OR CREMATORY		23f. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary</b>		ADDRESS <b>2842 Meramec St. St. Louis, 18, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 4 '58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>S.P.</b>					

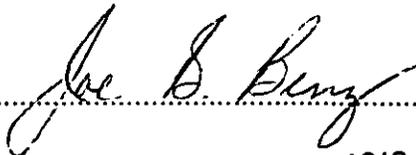
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 4249  
P. O. Address... St. Louis, Mo. ....

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.