

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011467
STATE FILE NUMBER

FILED MAR 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2321**

300
-57
1
391
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Length of stay in lb 29 YRS.	d. STREET ADDRESS (If outside, give location) 5400 Arsenal St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle _____ Last UCKLEY			4. DATE OF DEATH Month March Day 5th , Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-31-1890
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: laborer	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: laborer		10b. KIND OF BUSINESS OR INDUSTRY BAKERY	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Uckley		13b. MOTHER'S MAIDEN NAME Mary (Switzer)	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MARGARET WEISS Address 1419 HAWTHORNE RICHMOND, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency with focal occlusion, due to atherosclerosis. DUE TO (b) Arteriosclerotic heart disease with multiple old infarcts. DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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 March 14, 1930 to March 5, 1959 and last saw ^{her} him alive on March 5, 1959 Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If not at death, (Deaf or title) A. Hoffmiller M.D.		22b. ADDRESS 5400 Arsenal St.	22c. DATE SIGNED 3-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-7-59	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
24. FUNERAL DIRECTOR HOWARD MICHEL 5930 SOUTHWEST		25. DATE RECD. BY LOCAL REG. MAR 6 '59	26. REGISTRAR'S SIGNATURE Paul Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *V E Morris*

Licensed Embalmer No. *3360*

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.