

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

12433

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1962

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last			KATHERINE UHL			4. DATE OF DEATH Month Day Year			Dec. 24 1962				
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-16-1872		9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Litchfield, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Frederick Weber				13b. MOTHER'S MAIDEN NAME Elizabeth Enders				14. NAME OF HUSBAND OR WIFE Late Arthur Uhl					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT Arthur F. Heath-First Natinal Bank						Address Litchfield, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Periphero vascular circulatory collapse</i> DUE TO (b) <i>Pulmonary emboli</i> DUE TO (c) <i>Thrombophlebitis left saphenous vein 2 hr.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension 463x</i>										INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>			
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.)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		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 <i>May 30 1959</i> to <i>Dec. 24 1962</i> and last saw her ^{her} _{him} alive on <i>Dec. 23 1962</i> Death occurred at <i>7:00 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Paul McRae, D.O.</i>						22b. ADDRESS <i>4407 S. Kingshighway</i>			22c. DATE SIGNED <i>12/26/62</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Dec. 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) St. Louis, Mo.							
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.						25. DATE RECD. BY LOCAL REG. DEC 26 1962		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>					

USE BLACK INK OR TYPEWRITER RIBBON

86

1286-2

2/4

Dr. Paul McRae Fl. 2-3400
4407 S. Kingshighway 9-12

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 James R. Brown
Licensed Embalmer No. 4527

P. O. Address _____

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.