L24

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 19968

Township — Primary Registration District No. 1001 — Registered No. 761

City St.Joseph. (No. 1420 No.25th.St. St., Ward)

2. FULL NAME William Frederick Uhlman

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Uhlman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept,30,1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	8	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retail Dealer,

(b) General nature of industry, business, or establishment in which employed (or employer) Photo Supplies.

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Joseph,Mo.

PARENTS

10. NAME OF FATHER Rudolph Uhlman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Chemnitz,Ger.

12. MAIDEN NAME OF MOTHER Lisette Doll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gretzinger,Ger.

14. INFORMANT Mrs.Louise Uhlman
(Address) 1420 No.25th.St.

15. FILED JUN 15 1928 John G. Ut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June,12,1928

17. I HEREBY CERTIFY, That I attended deceased from 6/12, 1928, to 6/12, 1928, that I last saw him alive on 6/12, 1928, and that death occurred, on the date stated above, at 3.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute heart dilatation
93B
95B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) abt 1 yrs. mos. ds.

90B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinicle

(Signed) L. C. Bauman, M.D

6/13, 1928 (Address) Lincoln Bldg St Jos. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL June,15,1928

20. UNDERTAKER Walter Meierhoffer — ADDRESS 1302 Faraon St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD