

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

REG. NO. D 16011

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) Maurice W. Uhler

2. DATE AND HOUR OF DEATH 5-4-1918 11:30 A. M.

3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
 A. STATE md. B. COUNTY \_\_\_\_\_

5. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1742 Warwick Ave

6. CITY OR TOWN Balto

7. INSIDE CITY LIMITS? YES  NO

8. STREET AND NUMBER 1742 Warwick Ave

5. SEX M 6. RACE W  MARRIED  NEVER MARRIED   WIDOWED  DIVORCED

8. DATE OF BIRTH 12-14-1886 9. AGE (In years last birthday) 31 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer + Clerk 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Pikesville, md. 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13. FATHER'S NAME Nicholas Uhler 14. MOTHER'S MAIDEN NAME Annie Spuniel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Myrtle V. Uhler - same add ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Tbc. of lungs APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. \_\_\_\_\_

(B) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_

(C) \_\_\_\_\_

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Tbc. of lungs

19A. DATE OF OPERATION \_\_\_\_\_ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED \_\_\_\_\_ 20A. AUTOPSY? (Yes or No) \_\_\_\_\_ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? \_\_\_\_\_

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21E. INJURY OCCURRED While At Work  Not While At Work  21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I certify that (I) (this hospital) attended the deceased from 6-1917 1917 to May 4 1918 that (I) (we) last saw the deceased alive on 5-4 1918 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE \_\_\_\_\_ 23B. DATE SIGNED 5-4-1918

23C. PHYSICIAN'S NAME (Type) Dr. S. Riblett 23D. ADDRESS 3402 Clifton Ave.

24A. BURIAL CREMATION REMOVAL (Specify) 5 24B. DATE 5-7-1918 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge 24D. LOCATION (City, town, or county) (State) \_\_\_\_\_

25A. DATE REC'D BY HEALTH DEPT. 5-5-1918 25B. NAME OF REGISTRAR Krautz 25C. FUNERAL DIRECTOR John Cook ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bts.

**D16011** HEALTH DEPARTMENT—CITY OF BALTIMORE **28 D16011**

**CERTIFICATE OF DEATH.**

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 1742 Warwick Ave ST. 15 WARD) REGISTERED NO. C \_\_\_\_\_

2-FULL NAME Maurice W. Uhler (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1742 Warwick St. 15 No. 10 yrs. 4 mos. 21 ds.)

**PERSONAL AND STATISTICAL PARTICULARS.**

3-SEX Male 4-COLOR OR RACE White 5-STATUS Married (MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH Dec 14, 1886 (Month) (Day) (Year)

7-AGE 31 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Stenographer + Clerk (b) General nature of industry, business, or establishment in which employed (or employer) 009

9-BIRTHPLACE, (State or Country) Pikesville, md.

10-NAME OF FATHER, Nicholas Uhler

11-BIRTHPLACE OF FATHER (State or Country) Canada

12-MAIDEN NAME OF MOTHER Annie Spuniel

13-BIRTHPLACE OF MOTHER (State or Country) Frederick, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) Myrtle V. Uhler (Address) 1742 Warwick Ave.

**MEDICAL CERTIFICATE OF DEATH.**

16-DATE OF DEATH, May 4, 1918 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917 to May 4, 1918, that I saw him alive on May 4, 1918, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH\* was as follows: Tuberculosis of lungs

CONTRIBUTORY (Secondary) Tuberculosis of lungs (Signed) W. Riblett M. D. May 4, 1918 (Address) 3402 Clifton Ave.

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

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. 4 mos. 21 ds. In the State yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? Nebraska

Former or usual residence Woodlawn

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, May 7, 1918

20-UNDERTAKER W. B. Cook ADDRESS 502 E. North

MAY 5 - 1918