

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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

Do not use this space.

34311

1. PLACE OF DEATH  
 County St. Louis Registration District No. 288  
 Township \_\_\_\_\_ Primary Registration District No. 1471  
 City Webster Groves (No. 110 Hart ave) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs Marie Ulbrich  
 (a) Residence, No. 110 Hart ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

File No. \_\_\_\_\_  
 Registered No. 101  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Ulbrich  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 2 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine France  
 MOTHER 13. NAME \_\_\_\_\_ Phillippa  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine France  
 15. MAIDEN NAME \_\_\_\_\_ Jacobi  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine France  
 17. INFORMANT Aug. Ulbrich Jr.  
 (ADDRESS) 110 Hart ave Webster Groves  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE Oct 18 1933  
 19. UNDERTAKER Parker Wood Co  
 (ADDRESS) Webster Groves Mo  
 20. FILED 10-18 1933 Dr. J. W. Wehner Registrar.  
St. Louis

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1933, to Oct 17 1933.  
 I last saw her alive on Oct 16 1933. Death is said to have occurred on the date stated above, at 9:00 A. m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset Oct 15  
Branches Pneumonia  
Fibrillating Heart  
Cystitis  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Culture & laboratory Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify...  
 (Signed) Irwin H. Blanchard M. D.  
 (Address) Webster Groves, Mo

