

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.

APR 25 1934

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

Do not use this space.

7225
2108

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 7037 Bancroft St. 3 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ferdinand Ulrich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1865
7. AGE YEARS 68 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1934 p.
The principal cause of death and related causes of importance were as follows:

cerebral apoplexy
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

17. INFORMANT (ADDRESS) Henry J. Ulrich 7037 Bancroft

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE May 2 1934

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) Wacker - Gelderle 2331 Broadway

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) Harold J. Blum M.D.

20. FILED 1 1934 19 J. T. Brebeck Registrar.

(Address) St. Louis 3/1/34

