

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

Do not use this space.

JAN 14 1935

44578

1. PLACE OF DEATH

County..... Registration District No. *3*
 Township..... Primary Registration District No. *1103*
 City *St. Louis* (No. *6118 Adeline Ave*) St. Ward)

File No.
 Registered No. *11680*

2. FULL NAME *Rose Ulrich*

(a) Residence, No. *6118 Adeline Ave* St. *3* Ward. (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

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Matthew Ulrich*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 26, 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Germany*

13. NAME *Matthew Bruckner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Undersaunt*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *John Ulrich*
 (ADDRESS) *6118 Adeline Ave*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Matthews* DATE *12-10-34*

19. UNDERTAKER *Wiegand's Mortuary*
 (ADDRESS) *1728 So. 19th St. St. Louis*

20. FILED *LFC 10 1934*
J. F. Bruckner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 7* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 27* 19*34*, to *Dec 7* 19*34*

I last saw her alive on *Nov 7* 19*34* Death is said to have occurred on the date stated above, at *7:20 A.M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary) Date of onset *?*

7:30 P.M. 1934
9:30 P.M. 1934

Other contributor causes of importance:
ac. myocarditis 11-29-34
ac. nephritis " "

Name of operation..... Date of.....
 What test confirmed diagnosis? *Cerebral + Laboratory* Was there an autopsy?

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?.....
 If so, specify.....

(Signed) *W. F. Covel* M. D.
 (Address) *5730 Southwestern*

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.

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Lutherus A. C.