

FILLED JUL 18 1941

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

21643
Do not use this space. 37

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township Primary Registration District No. 4182 Registered No.
 or City Hermann (d) Street No. 209 W. Second St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Tille Ulrich
 (a) Residence, No. 209 W. Second St. Hermann, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Samuel Ulrich
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1886
 7. AGE YEARS 55 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwf.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 5/41 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Berger
 (STATE OR COUNTRY) Missouri RFD

FATHER 13. NAME Christ Mann

14. BIRTHPLACE (CITY OR TOWN) Berger,
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Minnie Oberg

16. BIRTHPLACE (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY)

17. INFORMANT Chris Ulrich
 (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE 6/9/40

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer
 (ADDRESS) Hermann, Missouri 274

20. FILED 6-8 1941 Anna K. Rieckhoff
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1941
 22. I HEREBY CERTIFY, That I attended deceased from May 4, 1941 to June 6, 1941.
 I last saw h. e. r. alive on June 5, 1941, 19..... Death is said to have occurred on the date stated above, at 8:45A.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 3/30/41
Meningitis 6/1/41

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? B, P. 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) M. A. Jeter D. O. XX
 (Address) Hermann, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed.....

James H. [Signature]

.....
Licensed Embalmer No.....

.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.