

FILED MAR 10 1942

Registration District No. _____

Primary Registration District No. 104

Registrar's No. 498

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
225 St. Louis Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 65 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
Ferguson
(c) City or town _____
(If outside city or town limit, write "RURAL")
(d) Street No. 225 St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Minnie Ulrich

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William C. Ulrich 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased August 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 22 hr. _____ min.

9. Birthplace New Orleans (City, town, or county) (State or foreign country) La.

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) ?

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) ?

16. (a) Informant Sophia Ulrich

(b) Address 225 St. Louis, Ferguson, Mo

17. (a) Burial (b) Date thereof March 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director L. M. White

(b) Address 118 N. Florissant Rd. Ferguson

19. (a) 3-3-42 (b) S. D. McArthur M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 1-2-37 to 3-2-42, 1942
that I last saw him alive on 3-2-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 5 years

Due to Chronic nephritis 1935

Due to Autism 1936

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) L

(b) Date of occurrence L

(c) Where did injury occur? L (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

While at work? L (Specify type of place) Means of injury L

23. Signature Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 3/3/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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.