S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23202

Registrar's No. 6027

06
17
9

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

Marine Cemetery

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1224 Victor Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Victor Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mamie Ulrich

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased September (Month) 9 (Day) 1864 (Year)

8. AGE: Years 77 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Marine (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Anton Ulrich
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Mary Merklin
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lizzie Ulrich
(b) Address 4412 Gannett Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Marine-Illinois

18. (a) Signature of funeral director Wacker-Heldrich Wd Co By Mother
(b) Address 3634 Gravois Ave.

19. (a) JUL 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 th.
year 1942 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 17, 1941, to July 15, 1942
that I last saw her alive on July 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Carl E Moeller (M. D. or other)
Address 3537 S Jefferson Date July 16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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, fact should be so stated above.