

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29250

State File No. _____
Registrar's No. **8011**

Primary Registration District No. **1003**

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

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5414 St. Louis Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Grace M. Ulman**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **26**
year **1942** hour **12** minute **50 P.** M.
21. I hereby certify that I attended the deceased from **July 10 - 40**
Sept 26 19____ to **Sept 26** 19____
that I last saw her alive on **Sept 26** 19____
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Milton B. Ulman** 6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **Mar.** **28** **1908**
(Month) (Day) (Year)

Immediate cause of death **Pneumothorax or Lung Collapse**
Duration **2 yrs 2 mos**

8. AGE: Years Months Days If less than one day
34 **5** **28** hr. min.

Due to **Metastases of Cancer of Breast.**
Due to _____

9. Birthplace **Bland Mo.**
(City, town, or county) (State or foreign country)

Other conditions **50**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Frank Phelps**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Hassler**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Milton B. Ulman**
(b) Address **5414 St. Louis Ave.**
17. (a) **Burial** (b) Date thereof **9-29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bland Mo.**

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)

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**
19. (a) **SEP 28 1942** (b) **J. F. Medved**
(Date received local registry) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **C. C. Cochran** (M. D. or other)
Address **1502 N. Union Blvd** Date signed **9-26-42**

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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, fact should be so stated above.