

FILED JUN 4 1945

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis, Mo.**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **4558A N. Market Str.**
 (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 **Missouri** (b) County **080**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4558A North Market**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Ulrich
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Ulrich 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 23, 1884
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **May** day **22**
 year **1945** hour **2** minute **30 A.M.**
21. I hereby certify that I attended the deceased from May 21, 1945, to May 22, 1945
 that I last saw her alive on **May 21, 1945**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	60	11	0	_____ hr. _____ min.

Immediate cause of death _____
Cerebral Hemorrhage
 Due to **Hypertension**
 Due to **Myocardial Infarction**
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration **12 hrs**
 " **12 hrs**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Henry Sprenger
13. Birthplace Germany
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
 (City, town, or county) (State or foreign country)
15. Birthplace " "
 (City, town, or county) (State or foreign country)
16. (a) Informant Albert Ulrich
(b) Address 4558 A. North Market
17. (a) Burial (b) Date thereof May 24, 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem
18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4748 West Florissant
19. (a) MAY 22 1945 (b) J. F. ...
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) _____
 Means of injury _____
23. Signature J. F. ...
 Address **4558 North Market** Date signed **5/24/45**
 (M. D. or other)

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.....

W. Wilkins

Licensed Embalmer No..... *3575*

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.