

S. No. 2
JM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8203**

FILED MAR 21 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
824 Independence Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **72 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **824 Independence Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Pauline Antoinette 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 **John Ulrich** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 27th 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Cape Girardeau Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frederick Brennecke**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Dena Hunze**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Ulrich**

(b) Address **Cape Girardeau, Missouri**

17. (a) **Burial** (b) Date thereof **3-04-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **L.L. Haman**

(b) Address **Cape Girardeau, Missouri**

19. (a) **3-12-1947** (b) **G. G. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st**
year **1947** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Jan 9th 1947** to **March 1 1947**
that I last saw him ~~alive~~ **alive on March 1 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Paraplegia** Duration **6 weeks**

Due to **arterial hypertension**

Due to _____

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

Major findings: Of operations **ggs**

Of autopsy _____

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) (c) Means of injury **O**

23. Signature **G. G. Summers** (M. D. or other) _____
Address **Cape Girardeau, Mo.** Date signed **3/12/47**

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

MOTHER FATHER

44

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
Net Mile Number 347-360
Date Filed 3-17-47

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 William Lee Townes
Licensed Embalmer No. 4410
P. O. Address Cape Girardeau

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.