

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22718

FILED JUL 12 1947

318

Primary Registration District No. _____

1003

Registrar's No. 8432

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6160 Bertha Av.
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6160 Bertha Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johanna Ulrich.

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

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

6. (b) Name of husband or wife Frank. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 10 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Brethold

13. Birthplace Germany
(State or foreign country)

14. Maiden name Bertha Lauman.
(City or town, or county) (State or foreign country)

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

16. (a) Informant Mr. Frank G. Ulrich - Husband
(b) Address 6160 Bertha Avenue,

17. (a) burial (b) Date thereof 7-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,

19. (a) JUL 7 1947 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1947 hour 10:15 P. minute M.

21. I hereby certify that I attended the deceased from July 2, 1947 to July 7, 1947
that I last saw h. 25 alive on July 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Cerebral Hemorrhage

Due to _____

Other conditions (include pregnancy within 3 months of death) 85

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature M. O. White (M. D. or other) M.D.
Address 1194 Hodia...

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

MOTHER FATHER

Mr. O. White
1194 Hadiamont
Ca. 8755

1-5 P.M. Monday

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. 3553

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.