

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3490

State File No. _____

BIRTH NO. 69094-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Carsonville		c. CITY (If outside corporate limits, write RURAL and give township) Carsonville <u>4190</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8725 Shirley Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8725 Shirley Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) DONNA b. (Middle) c. (Last) ULRICH			4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Oct. 27, 1949			9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? Mo.		

13a. FATHER'S NAME Roy H. Ulrich		13b. MOTHER'S MAIDEN NAME Fay A. Ulrich		14. NAME OF HUSBAND OR WIFE None	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Fay Ulrich, 8725 Shirley Ave. Carsonville, Mo.	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) spinal meningocele				INTERVAL BETWEEN ONSET AND DEATH 2 mos 21 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				751X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert W. Dombke MD Registrar - Vital Statistics		23b. ADDRESS 651 So. Brentwood Blvd. St. Louis Co. Health Dept.		23c. DATE SIGNED 1/19/50	
---	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
--	--	-------------------------------	--	---	--	--	--

DATE RECD. BY LOCAL JAN 19 1950		REGISTRAR'S SIGNATURE Herbert W. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.	
---	--	--	--	---	--

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. E. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.