

FILED APR 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11291
Registrar's No. 2866

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST., NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1426 Wright St.</u>		d. STREET ADDRESS (If rural, give location) <u>2610 Blair Ave.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Linda</u>	a. (First)	b. (Middle)	c. (Last) <u>Ulich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 25 50</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 14 1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Louis Kunkel</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Ulich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Ulich</u>	ADDRESS <u>2610 Blair Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		<u>9 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Plumetia Tur. & Cerebral Wefomine</u> DUE TO (c) <u>Cerebral hemorrhage & partial paralysis</u>		<u>8 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1940</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4152A</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 16, 1950, to Mar 25, 1950, that I last saw the deceased alive on 3/25, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. O. Pasater</u>	(Degree or title) <u>M. W. 0</u>	23b. ADDRESS <u>9305 NW 7th Avenue</u>	23c. DATE SIGNED <u>3/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>APR 27 1950</u>	REGISTRAR'S SIGNATURE <u>F. O. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner U.</u>	ADDRESS <u>2223 St. Louis Ave.</u>
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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.....

Charles R. Palmer

Signed.....
Student Embalmer.....

Licensed Embalmer No. 4077

P. O. Address H. Louis M.

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.