

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27249

State File No. ....

FILED AUG 6 - 1953  
BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1985

4021  
4  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 1/2 Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>4539 Chouteau Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mother of Good Council Home</b>		a. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <b>MARGARET</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 18 1953</b>	
a. (First)	b. (Middle)	c. (Last) <b>ULBRICHT</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 21, 1870</b>
9. AGE (in years last birthday) <b>83</b>		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Weingarten, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Andrew Hogenmiller</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Late Theodore M. Ulbricht</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John H. Ulbricht</b>		ADDRESS <b>7532 Lynn U. City</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis.</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>		II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>None</b>		22. I hereby certify that I attended the deceased from <b>4 - 1, 1953</b> to <b>7 - 18, 1953</b> that I last saw the deceased alive on <b>7 - 18, 1953</b> , and that death occurred at <b>9:10 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>M. Stachle</b>		23b. ADDRESS <b>7124 Natural Bridge</b>	
23c. DATE SIGNED <b>7.20.53</b>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>4228 S. Kingshighway Bl.</b>		DATE REC'D BY LOCAL REG. <b>7-20-53</b>	
REGISTRAR'S SIGNATURE <b>Harbert R. Donke M.D.</b>		58V (Licensed Embalmer's Statement on Reverse Side)	

Dr. M. Macdonald  
7124 Macdonald Bldg.  
9-11

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed: *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *5228 S. King High*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.