

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44822**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3107**

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 OR TOWN Goodfellow Terrace c. LENGTH OF STAY (In this place) 10 YEARS		c. CITY OR TOWN Goodfellow Terrace H 150	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4206 Rosewood.		d. STREET ADDRESS (If rural, give location) 0 4206 Rosewood.	

3. NAME OF DECEASED (Type or Print) William Ulrich	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 4 53
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5. SEX 0 MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-21-1861	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAGON MAKER	10b. KIND OF BUSINESS OR INDUSTRY Retired MANUFACTURING	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHRISTIAN Ulrich	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE BERTHA
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Bertha Ulrich	ADDRESS 4206 Rosewood.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11	19b. MAJOR FINDINGS OF OPERATION 4221	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)
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 **July 4, 1952** to **Dec 4, 1953** that I last saw the deceased alive on **Dec 4, 1953** and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Collins Sr. (Degree or title)	23b. ADDRESS 6623 Leland Road, St. Louis, Mo.	23c. DATE SIGNED 12-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 12-7-53	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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DATE REC'D BY LOCAL REG. 12-4-53	REGISTRAR'S SIGNATURE Hubert R. Dombke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Adrian Stills	ADDRESS 2707 N. Grand
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FEB 24 1956

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. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis

Signed.....
Student Embalmer

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.