

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29282
Registrar's No. 7331

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp.		d. STREET ADDRESS (If rural, give location) 14 6405 Winona	

3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) c. (Last) Ulrich			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1954		
5. SEX female		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, * WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 17, 1876		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 3 Days 19	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 28 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Feger		13b. MOTHER'S MAIDEN NAME Bicycle	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Amanda Henninger		17. ADDRESS 6405 Winona			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Thromboses Left Cerebral Artery DUE TO (c) Hypertensive Cardiovascular					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Renal Disease					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-5, 1954, to 8-5, 1954, that I last saw the deceased alive on 8-5, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip Schuck M.D.		23b. ADDRESS 1703 S Grand		23c. DATE SIGNED 8-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus.	
				24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.	

DATE REC'D BY LOCAL REG. AUG 9 1954		REGISTRAR'S SIGNATURE Wm. Schumacher		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No.

4776

P. O. Address

St. Louis, Mo.

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.