

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18800

State File No. ....

3753

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>B.</u> c. (Last) <u>ULRICH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>JULY 15 1881</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days Hours 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 <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK SUDA</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPH ULRICH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH ULRICH</u>		ADDRESS <u>4020 FAIRVIEW</u>			

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, asthma, 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>Bronchiectasis</u>		ANTECEDENT CAUSES		<u>60 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Bronchopneumonia, bilateral</u>		<u>1 month ago</u>	
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>10 years</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>420-0</u>	

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)		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 3/6 1956, to 4/14 1956, that I last saw the deceased alive on 4/14 1956, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter T. Gunn</u> (Degree optional) <u>M.D.</u>		23b. ADDRESS <u>4617 W. Ashlin</u>		23c. DATE SIGNED <u>4/16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 17 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ruter</u>		ADDRESS <u>2906 Gravois</u>	
DATE REC'D BY LOCAL REG. <u>APR 16 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			

S.D. (Licensed Embalmer's Statement on Reverse Side)

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

1-4-1950

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

Not Embalmed

Signed.....

James C. Hill

Licensed Embalmer No. 434

P. O. Address 2906

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.