

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22172**
Registrar's No. **5273**

FILED JUN 18 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5273			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		4597			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 109 S. Tola					
3. NAME OF DECEASED (Type or Print) Wilhelmina Ulreich			a. (First) _____ b. (Middle) Ulreich c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13, 1894			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 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 None		11. BIRTHPLACE (State or foreign country) Collinsville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Poneleit			13b. MOTHER'S MAIDEN NAME Augusta Kare			14. NAME OF HUSBAND OR WIFE Joseph Ulreich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joseph Ulreich-109 S. Tola		ADDRESS _____			
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) Myocardial infarction				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4 days	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary Sclerosis				5 years	
DUE TO (c) _____									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? 420.1		YES <input 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) ---					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 0000					
22. I hereby certify that I attended the deceased from 1946 , 19___, to May 30 , 19 56 , that I last saw the deceased alive on May 30 , 19 56 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H.A. Anderson M.D.				23b. ADDRESS 19 E. Lockwood Ave., Webster Groves, 19, Mo.				23c. DATE SIGNED 6-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/2/56		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.			
DATE REC'D BY LOCAL REG. JUN 1 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, Kirkwood 22, Mo.			

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

William H. Fitzgibbon

Licensed Embalmer No. _____

4316

P. O. Address _____

Kirkwood 22 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.