

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44299

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3059

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights, Mo.		c. CITY OR TOWN Richmond Heights,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1319a Big Bend Blvd.		d. STREET ADDRESS 1319a Big Bend Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last William B. Ulery		4. DATE OF DEATH Month Day Year Dec. 24, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1901
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Hat Cleaning Co.		9b. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Hat Cleaning Co.		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Co.	
11. BIRTHPLACE (City and state or country) Hardin, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Ulery		14. MOTHER'S MAIDEN NAME Maria Sweeney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 327-12-3272	
17. INFORMANT Address Nina Bernice Ulery, 1319a Big Bend, Blvd.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Decompensation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic Heart Dis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Crownary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i> <i>2 years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1948. 4200	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>June 1948</i> to <i>12/19/56</i> and last saw <i>him</i> alive on <i>12/19/56</i> Death occurred at <i>10:30</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Laurence M. Poter MD</i>		22b. ADDRESS <i>4409 W. Olive</i>	
22c. DATE SIGNED <i>12/26/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-26-56	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Hardin, Illinois,	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. 12-27-56	
26. REGISTRAR'S SIGNATURE <i>Harbert A. Domb MD</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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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 *J. W. Binkley*

Licensed Embalmer No. *365*  
P. O. Address *St. La*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.