

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022478
State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5674 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Snow Hill TWP		c. CITY OR TOWN Florissant	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Hrs		e. STREET ADDRESS (If rural, give location) 485 Myrtle St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Melvin	b. (Middle) Nehl	c. (Last) Ulery	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1921	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service	10b. KIND OF BUSINESS OR INDUSTRY Postoffice	11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Permanes Ulery	13b. MOTHER'S MAIDEN NAME Mary E. Locklan	14. NAME OF HUSBAND OR WIFE Mary Koch Ulery
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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) Yes WW2 & Korea	16. SOCIAL SECURITY NO. 379-12-2064	17. INFORMANT'S SIGNATURE OR NAME Mary Ulery	ADDRESS 485 Myrtle, Florissant, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 Min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	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? 2 YES <input type="checkbox"/> NO <input checked="" 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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12: Noon**, from the causes and on the date stated above.

23a. SIGNATURE Irish J. Marsh	(Degree or title) CORONER 3	23b. ADDRESS 351 Monroe St. Troy, Missouri	23c. DATE SIGNED 6/8/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11/58	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St Louis, Missouri.
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DATE REC'D BY LOCAL REG June 9-1958	REGISTRAR'S SIGNATURE Charlotte Leek	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS 118 Florissant, Florissant, Missouri
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Deputy (Licensed Embalmer's Statement on Reverse Side)

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

550

JUN 16 1958

JUN 8 - 8 AM

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, ~~XXXXX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*

Licensed Embalmer No...3932...

P. O. Address TROY, MISSOURI

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.