

pt. Health,  
& Welfare  
S. Public  
Health Service

S. 300  
ev. 1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034777  
STATE FILE NUMBER  
8916

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8916

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis (Missouri))	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4850
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 St. John's Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 27 2716 Grand Drive.
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elmer Middle L. Last Ulrich			4. DATE OF DEATH Month September Day 14, Year 1958		
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5. SEX Male 0	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 June 29, 1894	9. AGE (In years at birthday) 64	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk	10b. KIND OF BUSINESS OR INDUSTRY Merck Chemical Co.	11. BIRTHPLACE (City and state or country) Cape Girardeau, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Diedrich Ulrich	13b. MOTHER'S MAIDEN NAME Anna Heuschober	14. NAME OF HUSBAND OR WIFE Florence
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-1	16. SOCIAL SECURITY NO. 489-03-6508	17. INFORMANT Mrs. Florence Ulrich 2716 Grand Dr. Lemay 25, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma rd main stem bronchus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - DUE TO (c) 162.1		INTERVAL BETWEEN ONSET AND DEATH 5 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -
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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
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21. I attended the deceased from Death occurred at 8/29/54 11.30 a.m. to 9.14.58 and last saw him alive on 9.13.58
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22a. SIGNATURE (Degree or title) Edward P. Rehm MD	22b. ADDRESS 4500 Olive St Louis (8) Mo	22c. DATE SIGNED 9/16/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) 7901 Gravois ave. St. Louis Co.
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24. GENERAL DIRECTOR'S SIGNATURE C. Hoelmeister Mortuaries 7814 S. Broadway	25. DATE RECD. BY LOCAL REG. SEP 16 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD mfb
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Lillie C. Branson* .....

Licensed Embalmer No. *4764* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.