

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019566
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5195

AMENDED

FILED JUN 8 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Brentwood 17,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2314 Patton</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>ULRICH</u> Last <u>ULRICH</u>						4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1961</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/2/1890</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR IF UNDER 24 HR. Months <u>8</u> Days <u>29</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Inspector</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Emerson Electric</u>			11. BIRTHPLACE (City and state or country) <u>New Douglas, Ill.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Ulrich</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>				14. NAME OF HUSBAND OR WIFE <u>Olinda I. Rosenthal Ulrich</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>						17. INFORMANT Address <u>Mrs. Olinda Ulrich, 2314 Patton</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>lobar pneumonia Rt side</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>		
Conditions, if any, which gave rise to above cause, stating the underlying cause last. DUE TO (b) <u>dehydration</u>										4 1/2 hrs		
DUE TO (c) <u>lateral sclerosis spinal cord</u>										6-26-1956		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>356.1</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year										
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 <u>May 31, 1961</u> to <u>June 1, 1961</u> and last saw him alive on <u>6-1-</u> 1961						Death occurred at <u>5:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Domenic J Verda</u>						22b. ADDRESS <u>M.D. 4500 Olive</u>			22c. DATE SIGNED <u>6/2/1961</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 3, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Douglas Cemetery</u>			23d. LOCATION (City, town, or county) <u>New Douglas, Illinois</u>			(State)		
24. FUNERAL DIRECTOR <u>Ambruster Mortuary 6633 Clayton Road</u>					25. DATE RECD. BY LOCAL REG. <u>JUN 2 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loed Smith M.D.</u>					

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,

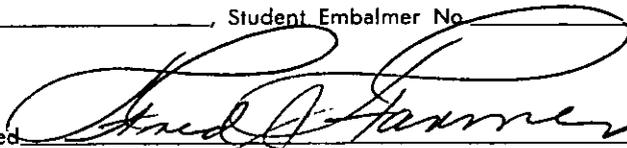
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4788

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.