

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027433

318 1003

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 6379

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Union	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 3 days	c. CITY OR TOWN Dongola Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital for Children		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) (none) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DAVID Middle LEE Last ULRICH			4. DATE OF DEATH Month JULY Day 7 Year 1961		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-57	9. AGE (last birthday) 4 years	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Anna, Illinois	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Dr. C.V. Ulrich	13b. MOTHER'S MAIDEN NAME Elva Burrell	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Dr. C.V. Ulrich - Dongola, Ill. 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) OPERATIVE DEATH - OPEN HEART		4 1/2
DUE TO (b) CONGENITAL HEART DISEASE & ATRIAL SEPTAL DEFECT & VENTRICULAR SEPTAL DEFECT		
DUE TO (c) MARKED PULMONARY HYPERTENSION		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.2	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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 Union	COUNTY Union	STATE Ill.
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21. I attended the deceased from **7-4-61** to **7-7-61** and last saw her/him alive on **7-7-61**
Death occurred at **9:01** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. McMoran M.D. (Degree or title)	22b. ADDRESS 1325 S. Grand	22c. DATE SIGNED 7-8-61
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 7/10/61	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Mem. Gardens	23d. LOCATION (City, town, or county) (State) Villa Ridge, Ill.
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24. FUNERAL DIRECTOR Elmer Ford - Dongola, Illinois	25. DATE RECD. BY LOCAL REG. JUL 10 1961	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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DATE AMENDED
 INSTEAD OF THIS RECORD ARE AS FOLLOWS
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kersh III

Licensed Embalmer No. 5039

P. O. Address Cherokee

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.