N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 2 3 1935

Do not use this space.

3919

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township ~~Central~~ — Primary Registration District No. 6248H — Registered No. 3
City Richmond Heights (No. St. Mary's Hospital, St. Ward)

2. FULL NAME Elizabeth Ullrich,
(a) Residence, No. 7416 Ethel av. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph C. Ullrich,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878-12-1

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
56	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill.

FATHER
13. NAME George Reuther,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs. James J. Phelan 7414 Hoover av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/4/35 19

19. UNDERTAKER (ADDRESS) Robert Flambrusky Clayton Road at Concordia Lane

20. FILED 1/4 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2nd, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to January 2nd, 1935
I last saw her alive on January 1st, 1935 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

1074

Other contributory causes of importance:
Hypertension
Thrombo Phlebitis

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James Wade, M. D.
(Address) Missouri Theater Bldg.