

WRITE PLAINLY, WITH UNODING INK--THIS IS A PERMANENT RECORD

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

32994
 Do not use this space.

OCT 14 1937

2

791

1008

Registered No. 9048

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 5370 Pershing St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Celia H. Ullman

(a) Residence, No. 5370 Pershing St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Ullman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18- 1851		
7. AGE 86	YEARS 8	MONTHS 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Lafayette Ind.		
13. NAME Martin Hollstein		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9.27 1937**
 22. I HEREBY CERTIFY, That I attended deceased from March 34 1934 to 9.27 1937
 I last saw her alive on 9.26 37 1937 Death is said to have occurred on the date stated above, at 8:59 A. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, etc

53B

Other contributory causes of importance:

Carcinoma Bladder, 1 yr. Penury

Name of operation Date of
 What test confirmed diagnosis? Cystoscopy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify

(Signed) Dr. P. D. Stahl M. D.

(Address) 462 N. Taylor

17. INFORMANT Herbert Ullman
 (ADDRESS) 5370 Pershing

18. BURIAL, CREMATION, OR REMOVAL

PLACE Peoria, Ill. DATE 9/28/37

19. FUNERAL DIRECTOR Herman Rindfleisch
 (ADDRESS) 5216 Delmar Blvd.

20. SEP 28 1937 J. Bredeck
 Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Herman Rindskopf

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Herman Rindskopf

Licensed Embalmer No. 2207

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.)