

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40814

Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 1003
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 7079 Mardel Ave. Registered No. 10506
 (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

Ida Ulbricht
 (a) Residence, No. 7079 Mardel Ave. St. 3
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Julius C. Ulbricht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 9 25

OCCUPATION 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. Housewife
 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) Illinois

FATHER 13. NAME John Schroeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Unknown Andreas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Elsa Turck
7079 Mardel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 12-7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary
4228 So. Kingshighway

20. FILED J. D. Brebeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Dec. 4, 1938
 I last saw her alive on Dec 4, 1938. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 5 years
Chronic Myocarditis 2 years
 Other contributory causes of importance: Acute Bronchitis Dec. 1, 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) Francis H. Weibel, M. D.
 (Address) 3831 So. Kingshighway

DEC 6 1938

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.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Eduard P. M. Resumath

..... Licensed Embalmer No. 3024

..... P. O. Address.....

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 this body is not embalmed, above space should be left blank.