

FILED MAR 2 1942  
Registration District No. 101

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6136 San Bonita Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Anna M. Ulrich

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, widow 1 divorced widow  
6. (b) Name of husband or wife Henry Ulrich 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 8, 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Belleville, Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name ? Yung  
13. Birthplace Belleville, Ill. /  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace ? /  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian H. Clark  
(b) Address 6136 San Bonita Avenue  
17. (a) Burial (b) Date thereof 2/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 23 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Clayton (If outside city or town limits, write "RURAL") 3  
(d) Street No. 6136 San Bonita Avenue (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9-10-41 1941 to 2/20/42 1942  
that I last saw her alive on 2/19/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension  
of right kidney  
Generalized metastases  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_  
Due to 57

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Kidney (partly destroyed)  
Of operation by tumor  
Of autopsy No autopsy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M.D. J. [Signature])  
Address Metropolitan Bldg. Date signed 2/21/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
*Van Szymon*....., Registered Apprentice No. 296  
working under my personal supervision.

Signed.....  
*Robert L. ...*  
Licensed Embalmer No. 1994  
P. O. Address Clayton, Missouri.

**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, fact should be so stated above.**