

FILED DEC 1 1942 8

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9744

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: Luthern Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(d) Street No. 4359 Taft Avenue 9 15  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Magdeline Ulmer  
(b) If veteran, name war -- (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November 21 day, 1942 hour 10 minute 30 AM  
21. I hereby certify that I attended the deceased from Mar 17, 37 to Nov 21, 42

4. Sex Female / race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife John G. Ulmer  
(c) Age of husband or wife if alive, years 11, 1866  
7. Birth date of deceased: November 11, 1866

that I last saw her alive on Nov 21, 1942 and that death occurred on the date and hour stated above.  
Immediate cause of death.

8. AGE: Years 76 Months 0 Days 10 If less than one day hr. min.

Chronic myocarditis 29 yrs  
Due to

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Arteriosclerosis 28 yrs  
Due to

10. Usual occupation Home

Other conditions: Cerebral hemorrhage (apoplexy)  
(Include pregnancy within 3 months of death)

11. Industry or business Wm. C. Dreyer

Major findings: Of operations

12. Name

Of autopsy

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Ulmer

(b) Address 4023 Oleatha

17. (a) Burial (b) Date thereof 11 24 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
St. Paul's Ch. Yard

18. (a) Signature of funeral director: Necker-Heldrich Und. Co.  
(b) Address 3634 Gravois Avenue

19. (a) NOV 22 1942 (b) J. F. Budeck  
(Date received local registry) (Registrar's signature)

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) (Means of injury)

23. Signature: J. F. Budeck (M. D. or Registrar) Address: 7707 Rowing Date signed: 11/23/42

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

MOTHER FATHER

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**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

*Frank J. Gifford Sr.*

Licensed Embalmer No.

*2615*

P. O. Address.

*St Louis Mo*

**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.**