

FILED JUL 31 1943
Registration District No. 12

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 HOURS**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County.....
(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5708 Etzel Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **MARY ULM**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife..... **Leo Ulm** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **SEPT. 12 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 5 hr. min.

9. Birthplace..... **St. Louis Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **James Farrell**
13. Birthplace..... **Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Bas Oullinan**
15. Birthplace..... **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Rose Farrell**
(b) Address..... **5708 Etzel Ave.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... **7-21-43**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **2840 Lindell Blvd S**

19. (a) (Data received local registrar)..... **20 1943** (Registrar's signature)..... **J. F. [Signature]**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1943** hour **10** minute **20 P.M.**

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... **Fractured Ribs Left side Lacerated Liver Peritonitis**
Suffered when Deceased was Due to being lying on the concrete walk along side of the steps Due to in the rear of her home 5708 Etzel ave on July 17-1943
Other conditions..... (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Accident 000**
(b) Date of occurrence..... **7-17-43**
(c) Where did injury occur?..... **St Louis MO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home Fall
While at work..... (Specify type of place) (Means of injury)
Signature..... **Alfred Perry** (M. D. or other)
Address..... Date signed **7/20/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Coroner's Office

JUN 12 1946

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Ludell*

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.