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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 14 1948  
318

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 38721  
Registrar's No. 10581

Registration District No. 318

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:  
St. John's Hospital (1)  
(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. (e) PRINT FULL NAME ANNA A. ULRICH

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

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow (2)

6. (b) Name of husband or wife..... Late Adolph  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Jan. 6 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 28 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Phillip Schneider

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

14. Maiden name Blanche Schurer

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

16. (a) Informant Mrs. Alma Steinmetz

(b) Address 5025 Goethe Ave.

17. (a) Burial (b) Date thereof 12 9 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 6 1948 (b) J. B. Laster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5025 Goethe Ave.  
(If rural, give location)  
(e) 2 Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4  
year 1948 hour 10:45 minute P.M.

21. I hereby certify that I attended the deceased from 10/5, 1942 to 12-4, 1948;  
that I last saw her alive on 12-4, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 3 days  
and

Due to arterio-sclerotic and  
Hypertension  
Due to.....

Other conditions Hypertension Cardio-medic larger  
(Include pregnancy within 9 months of death)

Major findings: Of operations none

Of autopsy none

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) None  
(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 U

23. Signature J. B. Laster (M. D. or other)  
Address 634 M. Grand Date signed 12/6/48

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

MOTHER FATHER

Ms. Alice ...

**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 Richard W. Stoverson

Licensed Embalmer No. 4007

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, fact should be so stated above.**