

FILED DEC 31 1948

Registration District No. **377**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County **Saint Louis**

(b) City or town **Richmond Heights, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Saint Marys Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 1/2 Days** (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4417 Strodtmann Place**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Judith Lynn Ulrich**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8th**
year **1948** hour **8** minute **30** A.M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **1948** years

7. Birth date of deceased **December 4th, 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 7-48** to **Dec 8**, 19**48**, that I last saw him alive on **Dec 8** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
0	0	3	hr. min.

Immediate cause of death **Congenital fungal abscession**

Duration **Life**

9. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

Due to **1579**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **Clem R. Ulrich**

13. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Cuba P. Bennett**

15. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy **above**

16. (a) Informant **Mr. Clem R. Ulrich**

(b) Address **4417 Strodtmann Place (7)**

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

(c) Place: burial or cremation **Valhalla Cemetery**

PHYSICIAN

Underline the cause of which death should be charged statistically.

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Boulevard**

19. (a) **12-9-48** (b) **Therid L. ...**
(Date received local registrar) (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? (Specify type of place)

While at work? (e) Means of injury **0**

Signature **J. P. Costello** (M. D. or other)

Address **4415-2 W. ...** Date signed **12/8/48**

Dr. Jos. P. Costello
4952 Maryland Avenue,

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.