

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3095  
Registrar's No. 341

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2610 Near Blair Ave.,		26 STREET ADDRESS (If rural, give location) 2610 Near Blair Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Ulick			4. DATE OF DEATH (Month) (Day) (Year) Jan 11th, 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed &	8. DATE OF BIRTH Ink	9. AGE (In years last birthday) Months Days Hours Min. 66 About	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis 0		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Andrew Ulick		13b. MOTHER'S MAIDEN NAME Susan Sinder		14. NAME OF HUSBAND OR WIFE Late Linda Ulick,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Renisch 3523. Arkansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Gastric hemorrhage caused by varicose esophageal veins			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Chronic myocarditis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		diabetes noted			4222

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:36 P. M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Coroner		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 13, 1951		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JAN 19 1951		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2223 St. Louis Av.			

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*John P. Buchholz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1694

P. O. Address 2223 St. Louis Ave

**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.