

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34405**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **352**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Cape Girardeau	b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	a. STATE Missouri.	b. COUNTY Cape Girardeau
c. LENGTH OF STAY (in this place) 48 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION J Mouser Nursing Home		d. STREET ADDRESS (If rural, give location) 603 So. Ellis St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Joe	b. (Middle)	c. (Last) c Ulrich.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1952.
---	--------------------------	-------------	-------------------------------	---

5. SEX Male.	6. COLOR OR RACE white.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. ✓	8. DATE OF BIRTH Jan. 7, 1872.	9. AGE (In years last birthday) 80.	10. UNDER 1 YEAR Months 9. Days 27.	11. UNDER 24 HRS. Hours _____ Mins. _____
-------------------------------	--	---	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Christ Ulrich.	13b. MOTHER'S MAIDEN NAME Don't Know.	14. NAME OF HUSBAND OR WIFE
--	--	------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME John Frenzel.	ADDRESS Cape Girardeau Mo
---	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?	21f. HOW DID INJURY OCCUR?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from 10-15, 1952, to 11/4, 1952, that I last saw the deceased alive on 11/4, 1952, and that death occurred at 9.53 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Smith MD	(Degree or title)	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 11/5/52
--	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.	24b. DATE Nov. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairmont.	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
---	---	---	---

DATE REC'D BY LOCAL REG. 11-6-52	REGISTRAR'S SIGNATURE C. C. Summers	44-0	5. FUNERAL DIRECTOR'S SIGNATURE L. H. Harmon	ADDRESS Cape Girardeau Mo
---	--	-------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

1640

FILED NOV 10 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. L. Kaman

Licensed Embalmer No. *2563*

P. O. Address *Cape Girardeau 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.