

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42876**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2840**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY OR TOWN St Louis | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (If this place) 2 days | | e. STREET ADDRESS (If rural, give location) 1021 Warren 2269 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) _____ c. (Last) Ulmer | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1955 | |
| 5. SEX F | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 19, 1891 |
| 9. AGE (In years less birthdate) 64 | 10. UNCLE: YEAR Months _____ Days _____ | 11. HOURS: YEAR _____ Days _____ Hours _____ Min. _____ | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None - at home | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | 13a. FATHER'S NAME W. H. H. H. H. | 13b. MOTHER'S MAIDEN NAME W. H. H. H. H. | 14. NAME OF HUSBAND OR WIFE John Ulmer |
| 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 ADDRESS Charles Ulmer - 4117 Fenway | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ II. 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 _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 4200 |
| 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 12-3, 1955 , to 12-4, 1955 , that I last saw the deceased alive on 12-4, 1955 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Joseph G. Ernst M.D. | | 23b. ADDRESS 601 S. Brentwood, Clayton Mo 63105 | 23c. DATE SIGNED 12-4-55 |
| 24a. DATE Dec 10, 1955 | 24b. NAME OF CEMETERY OR CREMATORIUM Forest Hill | 24c. LOCATION (City, town, or county) (State) Clayton Missouri | |
| DATE REC'D BY LOCAL REG. 12-7-55 | REGISTRAR'S SIGNATURE Hubert B. Dombrowski | 25. FUNERAL DIRECTOR'S SIGNATURE E. B. Hoover | ADDRESS 1221 N. 2nd |

26. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Melvin B. ...*

Licensed Embalmer No. *39*

P. O. Address *1221 N 9*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.