

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029268

FILED VS **AUG 8 1960**

STATE FILE NUMBER

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **2282**

UNDECEASED

1. PLACE OF DEATH a. COUNTY ST LOUIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEHLVILLE MO Length of stay in 1b 12 YRS. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 11 NEW BAUMGARTNER RD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS c. CITY OR TOWN MEHLVILLE MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) R.R. 11 BOX 654 A Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First ANNA Middle SUSANA Last ULLMANN				4. DATE OF DEATH Month 7 Day 29 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-1-1873		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months — Days —		IF UNDER 24 HR Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME GODOLD HUIGER				13b. MOTHER'S MAIDEN NAME ERNSITVE LIGHOLD				14. NAME OF HUSBAND OR WIFE MAX ULLMANN					
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 HELEN LUDWIG		Address STANTON, ILL 945 LEONARD ST					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dil. of heart DUE TO (b) Generalized arteric sclerotic disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 1/2 hour several years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____					
21. I attended the deceased from Jan. 1950 July 1960 and last saw her/him alive on 7/29/60 Death occurred at 2:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>L. Reine</i> (Degree or title)						22b. ADDRESS 75 x Remway Ferry Rd				22c. DATE SIGNED 7/30/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-1-60		23c. NAME OF CEMETERY OR CREMATORY PARK HILL CEMETERY				23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.					
24. FUNERAL DIRECTOR HONARD H. MICHEL				ADDRESS 5930 SOUTHWEST				25. DATE RECD. BY LOCAL REG. 7-30-60		26. REGISTRAR'S SIGNATURE <i>J. B. Murphy, Md.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.