SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=61=011208
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3086

FILED APR 14 1961

DATE AMENDED 8/72

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in Ib: 15-yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3500a Pennsylvania
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3500a Pennsylvania
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Bertha Middle: A. Last: Ulrich

4. DATE OF DEATH: Month: March Day: 31, Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 11/6/69

9. AGE (last birthday): 91

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): housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Karl Kuebrich

13b. MOTHER'S MAIDEN NAME: Pauline Conrad

14. NAME OF HUSBAND OR WIFE: Edmund Ulrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Minnie Matlock
Address: 3604 Delor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mitral stenosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Old age
DUE TO (c): 410X

INTERVAL BETWEEN ONSET AND DEATH

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.
☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 March 1 61, to March 31 and last saw her him alive on March 24-61
Death occurred at 7:20 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD (Degree or title)

22b. ADDRESS: 2752a Cherokee

22c. DATE SIGNED: 8/1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Apr.3,1961

23c. NAME OF CEMETERY OR CREMATORY: St.Matthew Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR: WACKER-HELDERLE
ADDRESS: 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: APR 3 1961

26. REGISTRAR'S SIGNATURE: [illegible] M.D.

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 Felix J. Kriegin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.