

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22497

1. PLACE OF DEATH

County..... Registration District No. **7911**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3428**) **S. Spring Ave**

File No.....
Registered No. **6699**
St. Ward)

2. FULL NAME

(a) Residence. No. **3428 S. Spring Ave** 16 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elise Ulrich**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 17 - 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Fireman**
(b) General nature of industry, business, or establishment in which employed (or employer) **Kroger Bakery co**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

10. NAME OF FATHER **Melchior Ulrich**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

12. MAIDEN NAME OF MOTHER **Josephine Schmidt**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

14. INFORMANT **Mrs. Elise Ulrich**
(Address) **3428 S. Spring Ave**

15. **May C Starker**
Filed, 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 24 1928**

17. I HEREBY CERTIFY That I attended deceased from **Nov 2** 1928 to **June 24** 1928 that I last saw him alive on **June 24** 1928, and that death occurred, on the date stated above, at **6:45 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral regurgitation

CONTRIBUTORY (SECONDARY) **Congestion of lung and aneurysm**

18. WHERE WAS DISEASE CONTRACTED **9000**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
(Signed) **Geo E Kraft**, M. D.

June 25, 1928 (Address) **2318 Lafayette Avenue**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Pickers**

20. UNDERTAKER **Clemens and Co S Grand Blvd**

DATE OF BURIAL **June 27 1928**

ADDRESS **2217**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. SERVO. 2.

