

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

Do not use this space.

32127

1. PLACE OF DEATH

County..... Registration District No. 727
 Township..... Primary Registration District No. 105
 City..... St. Louis Mo. (No. 4117..... Jewish Hospital..... St. Ward)

File No.
 Registered No. 9428

2. FULL NAME Henry Louis Ulrich.

(a) Residence. No. 4117 Clay Ave. St. 10 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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

3. 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 Katie Ulrich.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/10/1875.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman.
 (b) General nature of industry, business, or establishment in Bauer Flower Mills Co which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Ulrich.

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

12. MAIDEN NAME OF MOTHER Sophia Blume.

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

14. INFORMANT Katie Ulrich
 (Address) 4117 Clay Ave.

15. FILED 92 19 28
May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/21/2 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 21, 1928 that I last saw him alive on Sept 26, 1928, and that death occurred, on the date stated above, at 9-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 36

Septicemia

From Sept 8-1928 to Sept 21-1928
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection in mouth.
cause unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

✓ DID AN OPERATIVE PROCEDURE DEATH? Yes DATE OF Sept 17-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Wm. J. Lach, M. D.
 , 19 (Address) 3720 Washington

*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 DATE OF BURIAL

Zions Cemetery 9/24 1928

20. UNDERTAKER ADDRESS
Provoosh Ind Co 3710 N Grand

K. 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.

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