

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

Do not use this space.

34784

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 9730
St..... Ward.....

2. FULL NAME

(a) Residence No..... St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1848

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, hr. or min.)
80 | 6 | 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employee) Millwright
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Samuel Ulrich

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Samuel Ulrich
614 Haven St

15. FILED OCT - 3 1928 Maule Starckoff
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1928

I HEREBY CERTIFY, That I attended deceased from Apr 18th 1928 to Oct 1st 1928 that I last saw him alive on Sept 30th 1928, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
non Tubercular

93C
106A (duration) yrs. mos. 14 da. 7

CONTRIBUTORY (SECONDARY) Chronic Gynge condition (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED (BY NOT AT PLACE OF DEATH) 900B

19. WAS THERE AN AUTOPSY? 8 (duration) yrs. mos. da.

WHAT TESTS CONFIRMED DIAGNOSIS:
(Signed) Trudl Harnagel, M. D.
19 (Address) 7604 S B Parkway

*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 St Marcus DATE OF BURIAL 10/3 1928

20. UNDERTAKER Hoffmeister & Co ADDRESS 7814 S. Burn

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.

WHILE FULFILLING DUTY, WITH UNFADING INTEREST, I AM A PERMANENT RECORD

