WHITE 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.

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

Do not use this space.

18559

File No.

Registered No. 4862

**1. PLACE OF DEATH**

County

Registration District No. 79

Township

Primary Registration District No. 100

City St. Louis, Mo. (No. 4230, Meramec St. Ward)

**2. FULL NAME** Henry Ulrich, Sr.

(a) Residence, No. 4230 Meramec St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1855

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 77 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Christian Ulrich

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

MOTHER

15. MAIDEN NAME Henrietta Muench

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

17. INFORMANT (ADDRESS) Bertha Ulrich 4230 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Our Redeemer Cemetary DATE 6 - 3 1933

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc 1936 Sth Ave

20. FILED JUN 23 1933 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1932, to May 31, 1933

I last saw h— alive on May 31, 1933. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis 97 (Senility) 16 97

Date of onset

Other contributory causes of importance:

9

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N

If so, specify

(Signed) F. E. Bonaud, M. D.

(Address) 3115 So Grand

[illegible]
Fleetman [illegible]