

DEC 3 1936

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

Do not use this space.

42749

1. PLACE OF DEATH

City St. Louis (No. 154 Russell Ave.)
Township _____
Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 11275
St. _____ Ward)

2. FULL NAME

Lorenz Ulsas
(a) Residence, No. 4740 Minnesota Ave., St. 15 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. (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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Steve Ulsas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana

15. MAIDEN NAME Mary Haberstroh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon, Missouri

17. INFORMANT Louise Ulsas (ADDRESS) 4740 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE November 14, 1936

19. UNDERTAKER Wm. J. Robert (ADDRESS) 1905 S. Grand Blvd.

20. FILE NO. NOV 13 1936 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows:

Fractured 7th + 5th Cervical Vertebrae. Laceration of Cord Cervical Region, received when a scaffold on which he was working fell in St. Louis, Mo.
Other contributory causes of importance: deceased was working fell in St. Louis, Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 11/12, 1936
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Industry
Manner of injury scaffold fell
Nature of injury Fractured Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify deceased was a truck painter
(Signed) J. Brebeck M.D.
(Address) Regency, Kansas

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.

