APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10643

Township ..... Primary Registration District No. 1003 Registered No. 3217

City St. Louis (No. DePaul Hospital ..... St. ..... Ward)

2. FULL NAME Adele Ulrich

(a) Residence, No. 3111 N Sarah St. St., 10 Ward. (If nonresident, give city or town and State)
(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

3. SEX: Female
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: Albert Ulrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1877

7. AGE: 35 — YEARS: 59 — MONTHS: 7 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Michigan

FATHER

13. NAME: Daniel Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Albert Ulrich, 3111 N. Sarah St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: Mar. 26, 1937

19. UNDERTAKER (ADDRESS): A. Kron L. U. Co. 2707 N. Grand Ave

20. FILED: MAR 24 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936, to March 23, 1937

I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

	Date of onset
Lobar Pneumonia (Double)	6 days
Other contributory causes of importance: Bronchial Asthma	years

108

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? no

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? .....

If so, specify .....

(Signed) Arthur Emdach, M. D.

(Address) 2202 Lincoln

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.

899

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