

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.

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

Do not use this space.

SEP 10 1937

791
1003

28914

File No. 7547
Registered No. 7547

1. PLACE OF DEATH
County Registration District No. 2
Township Primary Registration District No. 1
City. ST. LOUIS (No. 4873) PAGE BLVD. (No. 4873) St. Ward) PAGE BLVD.

2. FULL NAME MALCOLM ULCH
(a) Residence, No. 4873 PAGE BLVD. St. 6 Ward. (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 MINNIE ULCH		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 14, 1854		
7. AGE	YEARS	MONTHS
82	11	23
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. HOTEL KEEPER		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWNER		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 7 1937
22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to Aug 7 1937
I last saw him alive on Aug 7 1937 Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma of Stomach
Serum

Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? All tests here an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury
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 None
Nature of injury

24. Was disease of injury in any way related to occupation of deceased?
If so, specify (Signed) Chas. Hugh Nelson, M. D.
(Address) 1000 Belmont Bldg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	CANADA
13. NAME	UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	"
15. MAIDEN NAME	"
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	"
17. INFORMANT (ADDRESS)	MRS. MINNIE ULCH 4873 PAGE BLVD.
18. BURIAL, CREMATION, OR REMOVAL PLACE	LAKE CHARLES CEM. DATE AUG. 10 1937
19. UNDERTAKER (ADDRESS)	PRETZ BROS. 3029 LAFAYETTE AVE.
20. FILED	AUG 9 1937 J. H. Predeck Registrar.

5-23-37

Dr. C. H. Neilson
Humboldt Bldg.

NY-0251

1:00 to 4:00