

SEP 14 1939

791

Registration District No.

Primary Registration District No.

1008

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None 3966 Arsenal
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community born here
 years, months or days)

3. (a) PRINT
FULL NAME

Albert G. Ulrich 462

3. (b) If veteran,
name war.

None

3. (c) Social Security
No.

None

4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced. Married6. (b) Name of husband or wife
Martha V. Ulrich6. (c) Age of husband or wife if
alive 57 years7. Birth date of deceased February
(Month) (Day) (Year)5, 1867

8. AGE:

Years

Months

Days

If less than one day

72

6

23

hr. min.

9. Birthplace

St. LouisMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Piano TunerAcelian Piano Company

11. Industry or business

12. Name

Rudolph Ulrich

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Heltman

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Martha V. Ulrich

(b) Address

3966 Arsenal St.17. (a) Burial(b) Date thereof SEPT 12 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Paul Churchyard

18. (a) Signature of funeral director

H. J. Robert

(b) Address

1905 So. Grand Blvd.19. (a) AUG 31 1939

(b)

J. F. Burk

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3966 Arsenal Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
 year 1939 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 18
1939, 19____, to Aug 27, 1939
 that I last saw him alive on Aug 27, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myo-Carditis

Due to

Nephritis - Chronic
& Acute Gastritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Tumors, Inguinal
probably malignant

Major findings:

Of operations

Of autopsy

Duration

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Edwin S. Meier (M. D. or other) D.C.
 Address 3974 Arsenal St. Date signed 29th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W J Robert
Licensed Embalmer No. 502
P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.