

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22901

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1144

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(d) Length of stay: In hospital or institution Admitted 5/20/40  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town O'Fallon  
(d) Street No. R. R. #1  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1940 hour 1:45 minute P.M.  
21. I hereby certify that I attended the deceased from  
May 20, 1940 to June 14, 1940  
that I last saw him alive on June 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma of the lung with metastases to the liver and mesentery.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy Yes - see cause of death.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature G.W. HUGHES, M.D. (M. D. or other) \_\_\_\_\_  
Address Ch. Med. Officer, Vet. Adm. Bldg., Jeff. Bks., Mo.  
Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Christian Ulrich

3. (b) If veteran, name war World War 3. (c) Social Security No. S.S. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace New York City, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repairer

11. Industry or business \_\_\_\_\_

12. Name Unknown

18. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 6/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 15 1940 (b) G.W. Hughes  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*J. G. Sullivan*

Licensed Embalmer No. 1127

P. O. Address

**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.**