

FILLED NOV 24 1941 791

Registration District No. Primary Registration District No. 1003

Registrar's No. 8606

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mos. 7 days.  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2906a Miami St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADOLPH ULTZEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased June 18 1929 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 65 64 years 4 - hr. min.

9. Birthplace Dittmer, Mo. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

12. Name Diederichn Ultzen

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

14. Maiden name Emma Knopp

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

16. (a) Informant L. Legendre

(b) Address 5800 Ashmun

17. (a) Burial (b) Date thereof 10/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dittmer, Mo.

18. (a) Signature of funeral director John W. ...

(b) Address 3013 ...

19. (a) OCT 29 1941 (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
year 1941 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from 6-23-41 19. to 10-29-41 19.  
that I last saw h. im alive on 10-29-41 19.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis 6-23-41x  
Gen. Arteriosclerosis 6-23-41x

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Hubert P. Smith (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**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.....

*George DeLambault*  
working under my personal supervision.

Registered Apprentice No. ....

Signed *George DeLambault*

Licensed Embalmer No. *2906*

P. O. Address *30130 Main*

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

**If this body is not embalmed, fact should be so stated above.**