

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2310

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL - Eadsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Copley Nursing Home #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo (b) County ST. LOUIS 0

(c) City or town CREVE COEUR 0  
(If outside city or town limits, write "RURAL")

(d) Street No. BALLAS + OLIVE  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY OTIS ULRICH

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Agnes ULRICH 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APR 20 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 6 18 hr. min.

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

10. Usual occupation MAINTAINANCE MAN

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

MOTHER FATHER

12. Name HENRY ULRICH

13. Birthplace DO NOT KNOW 9  
(City, town, or county) (State or foreign country)

14. Maiden name ERHARDT

15. Birthplace DO NOT KNOW 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes M. Ulrich

(b) Address One Creve Mo

17. (a) BURIAL (b) Date thereof 11-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARIAS CEMETERY

18. (a) Signature of funeral director ORTMANN FUNERAL HOME

(b) Address 9222 HACKLAND OVERLAND Mo

19. (a) NOV 6 - 1942 (b) C. S. McFarland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1942 hour \_\_\_\_\_ minute 9 P.M.

21. I hereby certify that I attended the deceased from 2.21.42 to 11.4.42, 19\_\_\_\_, and that I last saw him alive on 11.4.42, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure  
Pulmonary edema  
Cerebral apoplexy

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

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

Duration

2 days

6 hrs.

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) g3a1

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature W. M. Turner (M. D. or other) M.D.  
Address St. Louis County Hospital Date signed 11.6.42

JAN 1 1948

**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 Al. C. Ortman

Licensed Embalmer No. 3478

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, fact should be so stated above.**

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