V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8867

State File No.

FILED MAR 30 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2645

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 614 Haven st. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 614 Haven St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME AUGUST JOHN ULRICH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 7 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 11 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Wm. J. Ulrich
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Achenbach
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Elsie Ulrich Elsie Ulrich

(b) Address 614 Haven St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.

(b) Address 7814 S. Broadway

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/11/43, 19, to 3-18-, 1943 that I last saw him alive on 3/17/43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cornary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 4439 Va. Date signed 3/17/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Thanklin Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Thanklin

Licensed Embalmer No. 3472

P. O. Address 781A So. Broadway

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.