V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28876

State File No.

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town ~~Risco, Mo.~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / ---Como Twp
(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:

(a) State Florida (b) County Charlopte 9 7

(c) City or town Punta Gorda 8
(If outside city or town limits, write "RURAL")

(d) Street No. Box 201 0
(If rural, give location)

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

If yes, name country --- 2

3. (a) PRINT FULL NAME Fredrick H. Ulrich

3. (b) If veteran, name war ----

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased Dec. (Month) 31 (Day) 1920 (Year)

8. AGE: Years 22 Months 6 Days 21 If less than one day hr. -- min.

9. Birthplace Chicago (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Electrician

11. Industry or business business

FATHER
12. Name A. E. Ulrich
13. Birthplace Unknown (City, town, or county) U.S.A / (State or foreign country)

MOTHER
14. Maiden name A. L. Scwartz
15. Birthplace Unknown (City, town, or county) U.S.A. / (State or foreign country)

16. (a) Informant Cpl. V. Valdez
(b) Address MAAF, Malden, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director J. G. Schuman
(b) Address Malden Mo.

19. (a) Aug 5/43 (Date received local registrar) (b) Mrs B. Rademaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1943 hour 4:56 minute P. M.

21. I hereby certify that I attended the deceased from --- 19 , to --- 19 ; that I last saw h alive on --- 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Destruction of vital centers.

Due to Aeroplane Accident.

Due to ----

Other conditions ---- 173-8
(Include pregnancy within 3 months of death)

Major findings: Of operations ---- 34

Of autopsy ----

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) Accident 0720

(b) Date of occurrence 21 July 1943

(c) Where did injury occur? Risco, Mo. (N. Madrid Co.) (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Country (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature C. Mallory Harwell, Jr. (M. D. or other) MD

Address Station Hospital Malden, Mo. Date signed 7/22/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1044
Date Filed 8-18-42

AUG 25 1942

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. L. Lehrman

Licensed Embalmer No. 4086

P. O. Address Malden, 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, fact should be so stated above.