

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

FILED JAN 16 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

857

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days
(Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3635 Bamberger
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A. Ulmer

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hedwig
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Aug. 31 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Plumber

11. Industry or business

MOTHER FATHER
12. Name August Ulmer
13. Birthplace Germany
14. Maiden name Wilhelmina Guenther
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hedwig Ulmer
(b) Address 3635 Bamberger Ave.

17. (a) Burial (b) Date thereof Jan. 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
Laurel Hill Cemetery
(c) Place: burial or cremation

18. (a) Signature of funeral director Wacker Helder
(b) Address 3634 Gravois Ave.

19. (a) (Date received local registrar) JAN 6 1945
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 5 day 4 30 A.
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from September 1944 to Jan 5 1945
that I last saw him alive on Jan 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 2 mos

Due to nephrosclerosis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Nephrosclerotic kidneys
Hypertrophy of heart

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 Julius Deuser (M. D.)
Address 3720 Wash St. River St. Louis Date signed 1/5 45

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 *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address. *As follows*

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.