S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19448

Registrar's No. 5639

1. PLACE OF DEATH:

(a) County: Saint Louis

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

(c) Name of hospital or institution: 4412 Gannett
(If not in hospital or institution, write street number or location)

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4412 Gannett
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Otto Ulrich

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Anna Ulrich

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

7. Birth date of deceased: Oct. (Month) 4 (Day) 1862 (Year)

8. AGE: Years 84 Months 8 Days 2 If less than one day hr. min.

9. Birthplace: Marion (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Railroad

11. Industry or business: Cuppels Station

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Markel
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Oliver Ulrich
(b) Address: 4412 Gannett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cemetary

18. (a) Signature of funeral director: Mackie-Hellebusch-Vogt Funeral Home
(b) Address: 3634 Gravois St. Louis Mo.

19. (a) JUN 9 1947 (Date received local registrar) (b) G. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 1, 19.., to June 6, 1947; that I last saw him alive on June 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to hanging While deceased was found hanging by the neck from the lintel of a shed in the rear of his home 4412 Gannett Give approx. date of onset June 6, 1947 at about 2:40 P.M.

Duration

Other conditions (Include pregnancy within 3 months of death): Mental Wrt Suffering

Major findings of operations: Gross Symptom Abortion

Of autopsy: Not

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: June 6, 1947

(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? Place of Home (Specify type of place)

While at work? (Specify) Means of injury: Hanging

23. Signature: Alfred Berry (M. D. or other)

Address: Date signed 6/9/47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Frank J. Lyford

Licensed Embalmer No. 2646

P. O. Address St Louis 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.