S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7141

Primary Registration District No. 100

Registrar's No. 1422

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4458 Washington Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arthur Harry Ullman

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race W.

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 February (Month) 9 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
71	0	0	hr. min.

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

10. Usual occupation City employee

11. Industry or business watchman

FATHER
12. Name Harry Ullman
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia Newman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Blaser
(b) Address 5112 Waterman Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Peoria Ill

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 21, 1948 to February 9, 1948 that I last saw him alive on February 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Due to Arteriosclerotic heart disease and emphysema.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy As above

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)
(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 F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 2/10/48

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. G W Wilkinson

Licensed Embalmer No. 3575

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.