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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10771
Registrar's No. 2938

Registration District No. 318 Primary Registration District No. 1003

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

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 61 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Hebert Street 9
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EMIL ULRICH

3. (b) If veteran, name war
3. (c) Social Security No. 493-03-6938

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathrine Eisele
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 12 — 75 5 — 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	19	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Motor Tester
11. Industry or business Wagner Electric Company
FATHER
12. Name Conrad Ulrich
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Langewisch
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Kathrine Ulrich Wife
(b) Address 1423 Hebert Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Memorial Gardens
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc
(b) Address 1936 St. Louis Avenue
19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 24th year 1948 hour 9 minute 55 A M.
21. I hereby certify that I attended the deceased from 3/16/48, 19__, to March 24th, 1948 that I last saw him alive on March 24th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration: days
Due to: Cerebral Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia — days
Major findings:
Of operations
Of autopsy: As above

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 Robert L. Gilbert 3/18/48 (M. D. or other) MD
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Neal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.