

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34419  
Do not use this space.

9405

1. PLACE OF DEATH  
(a) County..... 2 Registration District No..... 791  
(b) Township..... 1 Primary Registration District No..... 1003  
(c) City..... St. Louis (d) Street No..... 508 Pine St. St.  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>456</sup> George Franklin Ulmer.  
(a) Residence, No. 508 Pine St. St. 25 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19th. 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68 7 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Lawyer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 1

FATHER 13. NAME George Ulmer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

MOTHER 15. MAIDEN NAME Percellia Tichauer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

17. INFORMANT Mrs. Rose Dagit.  
(ADDRESS) New Baden, Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE Summerfield, Ills. DATE 10-30-38 19

19. FUNERAL DIRECTOR (NAME) Provost Und. Co.  
(ADDRESS) 3710 E. Grand Blvd.

20. FILED OCT 30 1938 J. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-38 19

I HEREBY CERTIFY, That I attended deceased from ~~Nov 1~~ 1937, to Oct 27, 1938  
I last saw him alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 4.00 P.M.  
The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease  
Date of onset 11/1/37

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? 710

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 710  
If so, specify.....  
(Signed) J. Brueck, M. D.  
(Address) 2924 S Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Eyeroman*  
*2934 3 Grand*  
*- vol 2924*  
*1-2*

**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, .....

A. A. Smithers, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P.O. Address 3710 N. Grand Blvd.

**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, above space should be left blank.**