DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34171

Registration District No. 7917 — Primary Registration District No. 1003 — Registrar's No. 8868

NOV 16 1940

1. PLACE OF DEATH:
(a) County —
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI BAPTIST HOSP (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 40 years

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. 2526 CHESTER PL. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 53 years.

3. (a) PRINT FULL NAME ALBERT ULLRICH
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
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 MARCH (Month) 3 (Day) 1868 (Year)

8. AGE: Years 72 | Months 7 | Days 23 | If less than one day — hr. — min.

9. Birthplace — (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation WAGON MAKER
11. Industry or business —
FATHER
12. Name CHRISTIAN ULLRICH
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name LOUISE BEANSE
15. Birthplace — (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant's own signature William Ullrich
(b) Address 4206 Rosewood ave
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof OCT-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CREMATORY
18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge Rd
19. (a) OCT 28 1940 (Date received local registrar) (b) J. F. Burchick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 19 hour 9 minute P M.
21. I hereby certify that I attended the deceased from 10-2-40 to 10-26, 1940, to ____, 19__; that I last saw him alive on 10-26-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	indefinite
Due to Bronchial asthma (complicating)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Clarence G. Dunn (M. D. or other)
Address 1927 [illegible] Date signed 10-28/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, above space should be left blank.